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ART. I.—*Professional Remuneration.* By J. HOWARD PUGH, M. D.,
of Burlington, N. J.

AN effort was made to show, in a former part of this article, that those elements which meet with the richest rewards in the ordinary channels of business life, are combined, in a good degree, in the life and labor of physicians; and that it would, therefore, be difficult to show upon what just principle they *ought* not to be similarly rewarded. That they *are* not will require no argument to prove. A casual glance at life will suffice to show that the interests of property are paramount to those of health. A mere opinion concerning some legal question, some "right of way," or water privilege, will be more willingly and liberally paid for, than days of attendance by a bed of sickness. Men will give thousands when their estates are in danger; they will not give hundreds when their lives are in danger, no matter how much more time and talent and personal sacrifice may be demanded in the effort to save the latter, than the former. They will be liberal with those who carry their cargoes into distant ports; they will make "merchant princes" of those who import for their use the fruits and fabrics of other climes; they will fill the coffers of political jobbers in the uncertain effort to obtain some post of political preferment, but comparatively, they have little reward and often little gratitude for him who has carried them through a dark and uncertain conflict with disease and death. In view of all which, it is proposed to examine here upon what grounds men generally question the *claims* of physicians, and to inquire how far those grounds are tenable and just.

The first ground of objection that will be noticed, as sometimes disposing men to question these claims, is, that the degree of knowledge and capacity necessary to constitute a man a good physician, is not such as to warrant the claims insisted upon. Medicine is looked upon as the common arts of life, something to be acquired and mastered by two or three years' apprenticeship; it is regarded as a mere matter of routine, requiring the memorizing of a series of diseases, their prominent symptoms and appropriate remedies—objects all deemed within the compass of the humblest intellects. Parents who find their college-bred boys too dull either for the pulpit or the bar, think them quite bright enough for medicine. Whole communities, by the patronage they bestow on all forms of empiricism, by the confidence they so often repose in ignorance and presumption, by the boldness they exhibit in pronouncing upon a physician's judgment, and disregarding his instructions, evince but too clearly that intellectual culture—capacity¹ to grapple with the intricacies and subtleties of a profound and far-reaching science—are not essential, in their view, to make men masters in medicine. Now, this is all a mistake. The great and eternal interests of man's spiritual nature have been made the subject of a special revelation, but nothing else in all nature has. With this sole exception, earth and heaven yield up their secrets only to determined investigation—to well-trained and tireless thought. All science is but the expression of this thought; is but the record and result of man's efforts to interpret the phenomena around him. Among these phenomena are the laws of health and disease. To know anything of them involves the study of the human body in all its possible relations with the external world, requires investigation into every kingdom of nature, into every law of matter and of mind. Truth, as has before been hinted, cannot here be sought, except by the same powers that evolve it elsewhere, and it is simply absurd to suppose that indolence and stupidity can enter such a field with any prospect of gleaning and garnering its stores. If dulness will do here, it will do anywhere; if it sometimes succeeds here, so it sometimes does everywhere. We have seen it filling the seats of important professorships; we have seen it in the presidential chair; we have seen it digging the grave of a late Crimean army, and we may see it almost anywhere that family and fortune and intrigue may undertake to lift it.

But its efforts are never reliable, and in medicine always dangerous. From the nature of the study should be inferred the nature of the talent required to master it. Medicine, as a science, is a sealed book to talents of an inferior order; as an art, it is not to be skilfully practised by acquirements of a narrow scope. Therefore it claims as its due the compensation which such talents and acquirements, in every field of active effort, are accustomed to secure.

A second and not unfrequent ground of rejecting the physician's claims arises from the difficulty of measuring the amount of relief obtained through his agency in any given case. It is urged that his services are often of doubtful utility; that his responsibilities are often light, as most diseases would go on to a favorable termination without him; that, though men mostly get well, yet they often die under his care, and may sometimes be as much indebted to him for one result as the other, and therefore, it is urged, because of the impossibility of determining accurately what good or ill he has done, his claims for remuneration should not be such as if the good effected were positive and demonstrable.

Now, the physician's aim is high; to carry it out he calls to his aid all the knowledge of the past and the present; his labor is imperative, but its issue is uncertain; in the order of nature failure is often inevitable. And this is the whole story. And is it a strange one? Do men never find themselves in similar positions? Is not life full of chances? Does not everything in it depend upon conditions? Are not all its great enterprises and heaviest responsibilities connected with aims of uncertain issue? Is not the responsibility greater *because* the issue is uncertain? If no vessel ever sank in the ocean, would the responsibility of commanders be so great? If no lawyer ever lost a case, would he be so well paid for his labor? If battles always were won, would there be any merit in gaining them, or any responsibility felt in preparing for them? The success or failure of these great interests may depend on the faithfulness or unfaithfulness of those having charge of them; or either result may follow in the inevitable current of events independent entirely of all human aid or hindrance. And what is sought to be established here, is, that none of these and similar interests are in the hands of certain classes of men in any greater degree than the interests of human life are in the hands of the physician. By inattention and recklessness

he may lose the life confided to his care; by a timely appliance of appropriate remedies he may save it, or disease may go on to a favorable or a fatal issue, in spite of either his dulness or his skill. His position here is perfectly analogous to that occupied by those assuming heavy responsibilities in various other departments, whose high claims to honor and emolument are never questioned. It will not do, therefore, to attempt to vindicate that narrow policy which influences too many in their pecuniary relations with physicians, by thus depreciating the value of their services. Circumstances are continually arising in which all that physicians claim for themselves is accorded to them by the general voice of the community. In every accident, every sudden, every serious illness, the physician must obey the summons, come when it may, and from whom it may; and if his own conscience would permit him to disregard it, public sentiment would not. And why? Because every man knows that upon his promptness life may depend. He may check the life-blood gushing from an artery; he may break the force of some morbid action that is fast overwhelming a vital organ; he may touch the fluttering pulse that has almost fluttered away, and by prompt and efficient action restore life's failing powers. And throughout his whole career he assumes no responsibilities so light that they may not suddenly become great and alarming; he watches the course of no disease of a nature so mild that it may not in a moment become insidious and deadly. And though men may talk about the uncertainty of medicine, and the "horrid doses," and assert in their unthinking moods that physicians as often kill as cure, yet when the trial hour comes, what they really do believe may be inferred from their actions. And it is clear that at those times, when men are least under the influence of their prejudices, when their common sense asserts itself, they do in fact award to the services of physicians all the merit they themselves claim. But soon these trials are over; the grave is shunned; health and hope again revive; the whirl of busy life succeeds; the world steps in with its selfish aims and sordid motives, and the physician's cares and toils are depreciated or forgotten the moment they are sought to be measured by a pecuniary standard.

A third ground of complaint, to be noticed, is found in a want of uniformity in the physician's charges among different members

of a community. The rich man does not understand why he should be charged twice as much as his less affluent neighbor. He does not perhaps dispute the justice of a bill, but does not understand why he should be charged more than others for no other reason than that he is more able to pay. He is not thus accustomed to transact his business. He objects not, perhaps, to the sum, but the principle. Services, he thinks, should have a determinate value. He pays no more for flour or cloth or fuel, or for the services of a mechanic, manufacturer, or drayman, than other men: why should he pay more to physicians? Every physician can bear witness how often his claims are disputed on the strength of some such logic as this; and there is a speciousness about it that makes it quite conclusive to minds not accustomed to rational thinking. But do not these men know that for a very large portion of his labor the physician makes no charge whatever, and can make none? Do they not see, therefore, that a rigid adherence to the principle they talk about would rob him of all compensation? Do they not see that there is no sort of analogy between the cases they quote and that of physicians? But when into the traffic of common life becomes incorporated some such benevolent feature as will induce those, who now sell them, to deal out to the needy poor, "without money and without price," their flour, and cloth, and fuel, and labor, for days, and months, and years together, it may then become a pertinent inquiry whether these commodities would not possess a less determinate value—the rich have to pay more dearly for them—and analogies then be real which now are only seeming. The truth is, physicians ask of no man more than their services are worth. No rates of charges are issued by any College of Physicians or State or County Medical Society, that cannot be shown to be most moderate when tested by the ordinary rules that govern labor, both mental and manual. They charge the rich no more, often much less, than their services are worth. They charge others less, not because less is earned, but because they would increase little as possible those burdens already made heavy by the ravages of disease. They visit, still others, gratuitously, not because days and nights spent with them have no value, but because those whom poverty has overtaken and almost overwhelmed, are those whom disease spares least of all, and on whose behalf the claims

of humanity are most imperative. And if there is in the wide world a motive that deserves condemnation, it is that which induces a man to take advantage of these benevolent features of our noble profession, and to deny to labor its just award, because, obeying the instincts of humanity, it sometimes seeks but moderate compensation, and at others none at all.

And now we ask, in view of this whole subject, is there one solid reason why physicians *ought* not to be as liberally rewarded as other men in analogous positions? Are the interests over which they have charge any less momentous? Do they any the less really assume heavy responsibilities? Are their services of any less positive advantage? Are there any less demands made upon their time, their talents, their comforts, their health, and all that gives ease and length to life? Are the services that *can* be paid for any less answerable to the laws that fix compensation, because sometimes similar services *cannot* be paid for? An emphatic *no* is the only truthful answer to these questions, and as this article is to fall under the eye of professional readers, it may be well to hazard the assertion, as one which facts will bear out, that the misconceptions so wide-spread concerning the subject before us, are probably owing less to want of just reflection on the part of men generally, than to the unwillingness of physicians themselves to manfully maintain their rights and to show people they possess them. The public mind is saturated with erroneous views on the whole subject of medicine, compensation, and all, and yet it is too much the habit of physicians in their daily contact with intelligent, reasonable, reasoning minds to repel all honest inquiries concerning these matters. Intelligent members of every community have their honest doubts—they doubt the efficacy of our remedies—they doubt the superiority of legitimate medicine over some system of the day—they doubt the unprejudiced nature of our judgments against all forms of quackery—they doubt also the justice of our charges or the principle on which they are based; and if physicians would aim to meet these doubts as they arise—would seek to have clear views on all these topics, and strive to make them clear to others, there is no calculating the force of the blow that might thus be dealt at all manner of injustice and falsehood in medicine. But, too often they will quietly acquiesce in sentiments which greatly wrong their profes-

sion; they will quietly connive at some form of empiricism; they will accept compensation below the usual rates to undermine or forestall a brother physician; they will keep families indebted to them for years and never seek a settlement, that the sense of obligation may deter them from employing others; and unable or unwilling to meet the interrogatories by which an intelligent community seeks to enlighten itself on medical subjects, they will shrug their professional shoulders and wrap themselves in robes of professional dignity, and think with a smile, or a sneer, or a frown, to uproot the foundations of error, and shield themselves and their calling from opprobrium and contempt. It is all very well to *talk* about what industry and energy will *ultimately* accomplish—it may do very well for medical professors to point eloquent periods in their valedictories, by holding up to view the goal of honor and emolument within the grasp of all those who may choose to struggle for it; and yet it remains a fixed fact that such ends are to be reached in medicine only by struggles unknown elsewhere, and that the chief obstacles in the way of reaching them, are, in great measure, of our own creating—obstacles that might be removed almost entirely, by more correct habits of thinking and a freer expression of thought—a more adequate sense of our own rights and a determination to maintain them commensurate with their justice.

It has been the object of this article to point out a few of the errors, which, floating on the surface or penetrating the substance of public opinion, are detrimental to the interests of physicians, and to briefly hint how far both cause and remedy may depend upon themselves. It will be matter of regret if this attempt to dispel the delusions so inimical to the pecuniary interests of our profession should seem to indicate an insensibility to its higher aims. As there are services, so there are rewards, that money cannot measure. A life, that associates one, of necessity, with all shades of human character and all forms of human ill, must often suffer from attrition with the grosser elements of human nature, and it cannot be wrong to allude to these evils and indicate their remedies. But it cannot be forgotten that the same life grows familiar with other and far different scenes—is brought in daily and immediate contact with all that is noble and true in humanity—with lives that are “written in beauty”—with characters adorned

with every grace that refinement can heighten or culture bestow, and the regard and gratitude of such as these, with the prayers and blessings of the poor, will inspire a holier life and crown a happier end than all rewards besides.

ART. II.—*Sugar of Lead*. By W. L. CHALLISS, M. D.,
of Moorestown, N. J.

IN reviewing the back numbers of the REPORTER, my attention was arrested by an article of W. Johnson, M. D., "On the internal use of Plumbi Acetas," vol. vi. page 353; and having recently some grievous remembrances to record, as connected with my own little family, I was induced to give it a careful perusal.

The Doctor seems disposed to give this remedy a careful trial (and I would not say but that he does), at the same time, while he quotes Meigs and Hosack on the negative side, as though incredulous of their experience and opinions, he complacently sets them aside, with the classic adage—"Magna est veritas et praevalabit." Poor Meigs and Hosack, while you fail to convince us poor mortals, the milk of human kindness, of which your hearts contain a mighty fountain, will not go unrewarded by the "Giver of every good and perfect gift!"

Then the author goes on to quote various authorities in favor of the harmless and effectual qualities of the remedy, and truly he brings forward a formidable array! Had as much pains been taken to prove the negative, and as much stress laid on the authorities adduced in its support, as have been to prove the affirmative, I query for the issue.

The Doctor's experience, which has been extensive, and in the main successful, is of itself sufficient to enlist *his* influence in favor of its internal use. At the same time, while even *he* has been warring with disease consequent to dependent mortals, with sugar of lead for his artillery; and while he felt confident that the foe was nearly vanquished, and soon would be expelled from his unbidden retreat, he has been suddenly assailed with recruits to the enemy, when complaisant ease has given place to the horrid ejac-

ulation of the patient—"The doctor has poisoned me!" But even with these things before us, we still hold on to our preferences, and what is lamentably true, our judgments are liable to be biased by our prejudices. This, I trow, you will say of me before I am done, at the same time we will endeavor to show forth truth in the case.

For some years past, I have used sugar of lead extensively, in the treatment of hemorrhages of various kinds, and with entire success, not having lost a single case. But recent experience (a case of which I will presently state) has arrested my attention, and led me to liken myself to the unwary mariner, who, while he sails on a sea unruffled by a single wave, is not conscious that a tempest could quickly arise, which would soon destroy his frail bark. So that while I regard sugar of lead of remedial power, I honestly think its use is attended with danger.

The inferences of Dr. Johnson are, in the main, good. But the second I would entirely erase; for the third I would unhesitatingly say, it is dangerous; and while the advice contained in the third is humane, it carries with it a degree of confident ease, which is apt to delude the practitioner into a disregard of danger. Like a person surmounting a magazine, to which a slow match is stealthfully creeping, regards not the danger, being sure the fire will be extinguished ere the explosive material is ignited—so the Doctor, feeling confident that the disease will yield ere any injurious effects are produced, continues to pour in his lead; and while he is watching for "the blue line of Burton," he is suddenly assailed with all the horrid concomitants of colica pictonum.

But to illustrate. The latter part of August last, Mrs. C. (one endeared to me by the tenderest of human ties), while on a visit among her friends in the lower part of this State, was attacked with violent hemorrhage ex utero. She was placed under the care of my much esteemed friend, Dr. Tomlinson, who extended to her all the sympathy and skill that could be required of a Christian and physician. During the lying-in, she was put upon the use of sugar of lead in solution (the exact proportion I do not know, and which is not important to the illustration of our point), which was continued three times per diem for six days. At the end of this time, severe neuralgia of the toes set in, which gradually extended to the feet, then to the ankles, and in a few days

affected the whole of both limbs. The hemorrhage, however, was soon checked, and at the end of two weeks her strength so far improved that she was able, by means of easy conveyances, to be removed to her own home. It was at this time that the neuralgia, just spoken of, was first felt. The "blue line of Burton" was distinctly marked. Then followed constipation, and, in course, the most severe colic, such as I pray no human being may ever again endure. Consequent upon this the hemorrhage returned, and continued obstinately for some days, discharging at times large masses of coagula. In spite of the united skill of my kind friends, Doctors Thornton and Stokes, the pain continued with very little abatement for two weeks. During this time the abdomen, as the patient remarked, was burning up, while the feet were rigid with cold. The pain and cramp now began to subside, and at the end of four weeks, scarcely a trace remained. But it was not until after the lapse of ten weeks from the onset of the disease, that her health was so far improved as to resume her household duties.

Thus, then, you have my case, described thus minutely, to illustrate the following point, viz: that while sugar of lead possesses healing powers (although it did not permanently arrest the hemorrhage), its use is attended with danger far overbalancing the superior claims it may have over other astringents. The physician may use it for years without any injurious results, when having a susceptible patient, he may be suddenly aroused from his lethargy by discovering in his subject all the horrid sequelæ of colica pictonum.

If, then, such be the case, why make such common use of it, when the *Materia Medica* teems with astringents, both vegetable and mineral? Could you induce the family once poisoned by water transmitted through lead pipes, to make use of it again as a beverage, or in the preparation of their food? No! They would shudder even at the thought, as the "burnt child would avoid the fire." Why, then, be less prudent than those placed under our care, and who come daily to us for advice?

Knowing, then, the danger attending the administration of sugar of lead, the practitioner should at once discard it, and substitute for it some of the multitude of like properties. The case is not parallel to one in which we have no substitutes. They are

legion! Previous to the discovery of vaccination, the people were willing to hazard the danger of inoculation, rather than be subjected to the fearful ravages of smallpox. But since a safer preventive was discovered, none are so foolhardy as to incur the risk of the inducted pox. We have remedies, I trust, as effectual as sugar of lead; then let us profit by past experience, and be wise in future.

But some may say: upon the same principle discard from the *Materia Medica* all remedies that are poisonous. Not so! For the mercurials we have no good substitutes; and around the more active poisons there are such safeguards thrown that the practitioner, aware of their powerful properties, will not dare to overreach the prescribed limits. But he can give a saturated solution of sugar of lead, for week after week, and think nothing of it.

Perhaps the reader may think that I would lay blame at the door of Dr. Tomlinson. Not a hair of his head would I criminate, but award to him all the kindness and skill that a grateful heart can muster. In a subsequent conversation with him, he assured me, that during his practice, of upwards of twenty years, the like had never occurred to him before; but that he had recently heard that one of the oldest physicians of Camden, N. J., had entirely abandoned the use of the lead, on account of its deleterious effects.

Nor, dear reader, think that I would cavil at or undervalue the experience and opinions of Dr. Johnson. Let every honorable principle forbid that his mature years and sound judgment should receive other than the most profound respect. Such is the case. At the same time, truth being reflected through various mirrors, let each of us show forth his reflector, hoping that, by comparing all, the final and great "Truth which is mighty will prevail."

ART. III.—*Certificates to Quack Medicines.*

THE following communication, which comes from a responsible source, is calculated to relieve some respectable men, whose names appear in it, from an odious position, by giving them an opportunity to follow the example of Professor Silliman, who, when his name was made use of in a similar manner, by the same party, pronounced the whole thing a forgery. So, too, if

we remember rightly, did the Rev. Dr. Osgood. We shall send this copy of the REPORTER to all these persons, as far as we can, and hope that, for their own sakes, and for the credit of the profession, they will promptly repudiate the certificates, which we feel sure are nearly or quite all forged.

But, is not this too serious a matter to be dealt with so lightly, as simply to repudiate them. Is there no legal redress for a man whose name is forged to a certificate? If there is, ought it not to be sought?

On a page of this almanac, which our correspondent has inclosed to us, in a list of "one of the leading practitioners in each of the United States," whose names are appended to a general recommendation of a certain pill, we find the name of "*Peleg Bartlett, M. D., Dover, N. J.*" Now it so happens, that the "leading practitioners" of New Jersey are subscribers to the REPORTER, and that we have taken special pains to obtain complete lists of all the practitioners of the State, but have yet to hear of the name in question. How is it, Dr. Crittenden? Has Dover any such name on its tax lists as "*Peleg Bartlett, M. D.*" If so, trot him out, and let us view the gentleman—

ED. MED. AND SURG. REPORTER.

CINCINNATI, March 17, 1856.

DR. S. W. BUTLER—

Dear Sir: I was surprised to-day, on examining Ayer's quack almanac, which has been thrown into my door, to see there the testimonials of several physicians of Syracuse, N. Y., who say, among other complimentary things: "We have given your cathartic pills a thorough trial in our practice, and are well pleased with their effects. * * * We cordially recommend them to the profession and the public." (Signed)

M. M. WHITE, M. D. J. F. TROWBRIDGE, M. D.

A. B. SHIPMAN, M. D. JAS. C. STEWART, M. D.

H. B. MOORE, M. D. M. WILLIAMS, M. D.

Here, sir, are "six physicians of distinguished abilities, and the highest standing in the central city of New York"—(Vide *Ayer's American Almanac*, 1856)—one of whom is a member of the American Medical Association, and once held the chair of Surgery in a Western Medical School, and is now a member, as I presume the others are also, of the State Medical Society of New York, who, to accomplish some purpose which does not distinctly appear, allow themselves to be enrolled as the supporters and advocates of quacks. In another place, H. Hoyt, M. D., of Syracuse, and Peleg Bartlett, M. D., of Dover, New Jersey, certify to their "thorough acquaintance with Ayer's pills," and recommend them to the public. I would like to ask these gentlemen, supposing

them all to be regular physicians, whether they receive an adequate compensation, by a percentage on sales, or otherwise, for their services, which will console them under the loss of the respect and esteem of the profession. If this is of no value to them, why do they remain in it? Better come out openly, and declare themselves *no longer of us*, than to remain in the profession and pursue a course which they very well know is contrary to its laws and spirit, and more prejudicial to its interests than all the irregular quacks in their neighborhood.

John Torrey, M.D., Professor of Chemistry in the College of Physicians and Surgeons of New York, at the date of his certificate, after a "careful examination" of one of the components of Ayer's pills, certifies that its "specific qualities will commend it to the attention of judicious practitioners."

I recollect of seeing some time since in the *Medical News*, a card from Professor Silliman, stating that his signature appended to a certificate in favor of some of Ayer's nostrums, *was a forgery*, and perhaps the names of some or all of these gentlemen may also be forgeries; if so, the fact can very easily be made known.

I protest, sir, against the representation in the American Medical Association, of the State Medical Society of New York, or that of New Jersey, or of any other Society or College, if they tolerate in their members such unprofessional conduct.

I am glad to see, by the last REPORTER, that the New Jersey Medical Society seems disposed to correct such abuses. It is, indeed, high time that the attention of the profession should be directed to this very common evil, and some measures be instituted, more effectual than any heretofore applied, for its complete eradication.

N. B.

ART. IV.—*The Precursors of Epidemics.*

PHILADELPHIA, March, 1856.

MR. EDITOR: I suppose I am indebted to you for the March number of the MEDICAL AND SURGICAL REPORTER, published at Burlington, New Jersey, and for which please accept my thanks. I find in it a short paper, copied from the *Christian Observer*, on

Cold Winters, which you say has my initials, albeit, they are also the initials of a well-known Philadelphia Professor of Surgery. Notwithstanding the coincidence, I plead guilty on this occasion, and concede that you guessed correctly.

You suggest that I would have rendered a greater service, if I had shown from Webster, a connection between cold winters and great epidemics, and that suggestion has elicited the remarks now to be made.

As the work of Webster is not now accessible, I cannot give him as authority. But I am clearly of opinion, that no man has ever demonstrated any real connection between epidemics and any great natural phenomena of any sort. The most that ever has been done, or can be accomplished, consists in the exact record of events, preceding the prevalence of epidemics. It is one thing to state opinions as to the relation of these, in the aspect of cause and effect, and a very different matter to prove that such a relation ever existed.

The reader of all the histories of yellow fever, as it devastated Philadelphia in 1793, and subsequently prior to 1800, will be satisfied that there was no obvious relation of the kind referred to. Connected with *Rush's* history of 1793, is the weather table kept for seven months by *Rittenhouse*; but the document furnishes no sort of evidence of such connection.

When the damming of the Schuylkill, about the year 1819, was followed by the almost universal prevalence of periodical fever in the vicinity, it was the general belief that the artificial changes thus effected in that river were the veritable causes of the epidemic that ensued. Here, it would seem, was at least the appearance of cause and effect. But in a few years afterwards, when no such work of art was brought to bear on the Delaware, the entire region from Philadelphia, and for many miles northward, was visited with even greater severity by the same forms of fever. Nor had there been any great outbreak, or convulsion of nature, that could be assigned as a sufficient cause for so extensive a calamity.

Let us look to the West and South for a moment, and try some of the facts of those regions. In May, 1831, I removed to Cincinnati, to be identified with its Medical School. The winter following was a very cold one, and the Ohio River was solid as a rock for weeks. In February, 1832, came the unprecedented

flood, which inundated nearly the whole business locality of the city. Water, Front, Columbia, and Market or Pearl Streets were flooded, and boats conveyed passengers from the latter street across the river to Covington. Hundreds of dirty cellars were filled, and vast quantities of potatoes, and other perishable matters, were exposed to the action of the water for many days. Rats were destroyed in quantities not easily computed; and everything in the history raised the alarm that almost universal sickness would ensue.

If under the above circumstances, Asiatic cholera had appeared in May, June or July, it would have been traced by many to the action of the flood. But as yet, that disease had not prevailed in the United States; and the city of Cincinnati was never more healthy than in the spring of 1832. But in July, report proclaimed that scourge of the earth to be in Cleveland, where there had been no flood, nor any other remarkable phenomenon. In the last week of September, the cholera visited Cincinnati with fearful desolation, but too long a period had elapsed to permit any one to attribute it to the flood of February. Add to this the visitation of Lexington, Ky., in the summer of 1833, more terribly and fatally than in any other region; and yet no flood had been there, nor any other signal development of nature, that could, by possibility, account for the result.

We may cite also the flood of New Orleans some six years ago, by which a large portion of the city was inundated, in connection with the historic fact, that there was no epidemic there in the following summer. The city was more salubrious than it had been for several years.

It is highly proper for medical men to record every remarkable phenomenon in nature, and every great work of art, in their vicinity, whose bearing on general health might be regarded as at all unfavorable. But it is unwise to infer the relationship of these, as of cause to effect, without extending our vision to all accessible points where the same causes have been in operation. Thus, he who would have ascribed the cholera of Cincinnati in 1832, to the preceding flood, could have satisfied himself that he was mistaken, by consulting the history of the numerous towns on the Ohio that were equally inundated at the same time, but whose immunity from the epidemic was a thing of notoriety.

T. D. M.

PATHOLOGICAL AND THERAPEUTICAL REPORTS.

ART. V.—*New York Pathological Society.* Reported by E. LEE
JONES, M. D., Secretary.

REGULAR MEETING, Dec. 12, 1855.

Encephaloid Disease of Prostate Gland.—Dr. ISAACS presented a *prostate gland* with the bladder and several lymphatic glands, which had undergone encephaloid degeneration. The bladder, in the neighborhood of the prostate was degenerated, and along the iliac vessels and aorta the lymphatic glands were enlarged, some of them to the size of a pigeon's egg. The mucous membrane of the bladder was eroded, and the capacity of the organ diminished. The symptoms presented by the case were these: about five years ago the patient began to complain of dyspeptic symptoms, with debility, lassitude, slight pain over the bladder, and difficulty in urinating; about two years ago these symptoms increased much in severity, and the urine became bloody, sometimes a large quantity of blood being passed. This state continued without any other symptom worthy of note until death, when the encephaloid disease above described was discovered.

Dr. FINNELL presented the *stomachs of two patients* who had died of acute gastritis caused by irritating ingesta. The first was that of a boy, who, while playing in the streets with his two little sisters, found a plate containing some food of which they ate. In one hour after, the boy was taken with thirst, violent vomiting, and purging, and great prostration, which, in the course of seven hours destroyed his life. The girls were likewise affected, but recovered. Upon examination, it was found that the substance eaten was arsenic mixed with Indian meal and molasses. An *autopsy* showed the stomach not much inflamed, except at one point, where the mucous membrane was destroyed from intense inflammatory action. Dr. Finnell has seen seven or eight cases of arsenical poisoning, and in all of them the fatal issue has occurred in about seven or eight hours.

Death caused by eating Soup made of Stale Mutton.—The second case was that of a woman, who had died from poisoning by eating soup made from mutton which had been kept cooked in the house for five or six days. The entire family, consisting of five persons, were poisoned, but all except the mother recovered. After eating the soup, the patient vomited and purged violently, and died in a collapsed condition. The tongue throughout the attack was white.

Autopsy showed the mucous membrane of the anterior wall of the stomach healthy, and the posterior thickened and softened. Along the course of the vessels there was a deposit, which Dr. F. thought to be fibrinous, but Dr. Clark regarded it rather as a deposit of fat, and not morbid. The subject, appearing one of considerable interest, Drs. Finnell and O'Rourke were re-

quested to collect and report at a future meeting all cases which they could find bearing upon it.

Vesical Calculi with Abscess opening into Bladder.—Dr. CONANT presented a bladder and calculi removed from a boy aged four and a half years, the account of whose case is this: About fourteen months ago he had swelling and pain in the glans penis and scrotum, with dysuria, impairment of appetite, and sleeplessness; and a little pus at that time passed with his urine. These symptoms continued to exist, and on the 2d of October last, he was placed under the care of Dr. Banks, who, upon examination, determined the existence of a stone in the bladder. A second and third examination failed to confirm this diagnosis, but a fourth again discovered it. A day was now fixed for the operation, but the preliminary examination again failing to detect the stone, it was postponed. In the mean time, the little patient was attacked by scarlet fever and died. Seven days before death he passed offensive pus by the urethra, and complained of pain over the hypogastrium. *Post-mortem examination* showed the existence of an abscess lined by pyogenic membrane, which communicated with the bladder, by an opening half an inch in diameter on its left anterior portion, and extending downwards nearly to the urethra. Two calculi were found in the bladder, one smooth, about the size of a filbert, the other rough, and about the size of a peanut. Dr. Conant believes that there were three calculi in the bladder, but that one escaped into the abscess and was lost.

Dr. C. M. ALLIN presented a *monster* in which were united all the elements of fetal development, but which was acephalous, without superior or inferior extremities, and otherwise singularly deformed. In the upper part, the eyes and nose could be recognized (or rather points which were apparently rudiments of those organs), and hair and teeth were apparent; at its centre an umbilical cord was found attached, and at the inferior extremity of the mass a foot with great toe and heel existed. The Dr., while riding near the village of Flushing, was called to assist a German woman who was in labor with a child whose arm presented. He at once turned and delivered; the operation was difficult, as the waters had escaped some time previous, and the infant was stillborn. Upon questioning the woman subsequently, he was informed that this was her fourth labor; that she had been twice delivered with instruments, and that on that morning she had given birth to a child with two heads, which, being examined, proved to be the specimen presented. It was referred to Dr. Isaacs for examination.

Malformation of Heart.—Dr. ALONZO CLARK presented the *heart* of a child whose history is as follows: Up to eight or nine months of age, nothing worthy of note appeared in it, but at that time cyanosis developed itself, and dyspnoea, which came on in paroxysms, was observed. In this condition it lived until it arrived at the age of two years and seven months, when an attack of dyspnoea proved the immediate cause of death. On *post-mortem examination*, the heart was found most singularly malformed. Between the auricles two openings existed; one appeared like the unclosed foramen ovale, and the other resembled a divided valve. The left ventricle was large and strong, and the auriculo-

ventricular opening closed only by half a valve, one curtain of the mitral valve being imperfect, and not aiding in the prevention of regurgitation. The right auricle showed no opening into any ventricle; the blood went from it into the left auricle, then into left ventricle, and then into the aorta. A quasi septum formed the wall of the sinus which was a substitute for the right ventricle; from it passed out the pulmonary artery, and through a minute opening through its septum passed a small portion of blood. The pulmonary arteries, as far as could be learned, were pervious, the veins normal, the thymus gland large, and the spleen of usual size. Through the small opening in the septum of the right ventricle only about one-tenth of the whole volume of blood in the circulation could pass, and this small amount was consequently all which was aerated with each systole of the heart.

Ulceration of Peyer's and Brunner's Glands.—Dr. CLARK showed several specimens of ulceration of *Peyer's* and *Brunner's glands*, the result of typhoid fever. In one, the disease had lasted three and a half weeks, in another seventeen days, and in a third it had existed for twenty-three days; from the last the patient was recovering, when, in walking, he fell and caused a rupture of the intestinal walls, and death. In past years, Dr. C. remarked, each autumn has brought with it a few scattered examples of typhoid fever, and its consequence, ulcerated glands, but this year all autopsies made of patients dying of fever at Bellevue Hospital have revealed this lesion. Dr. Cock stated that two fatal cases had occurred this year at the New York Hospital, in one of which, the immediate cause of death was hemorrhage from the intestines, and in the other perforation. The point to which Dr. Clark desired to call attention was this: that the type of fever is now fast changing from typhus to typhoid, and that soon the former, which for nine years has reigned, will give place to the latter. Some years ago a famine occurred in Ireland, and with the increased emigration which it caused to America, came typhus fever, which did away with the existing typhoid. In time it died out, and again typhoid appeared, but the famine of 1846, with the exodus to which it gave rise, renewed the disease, and for nine years it has held its own; now, again, however, it is disappearing, and the original type will assume its sway until a similar cause arises to displace it.

REGULAR MEETING, Dec. 26, 1855.

Dr. T. C. FINNELL presented the *intestines*, removed from a little boy, for the purpose of alluding to the case, rather than for any pathological interest. The boy was five years old, and was subject to diarrhœa for a year and more. The woman with whom he lived, was in the habit of severely beating the child, it was stated, for two or three hours at a time. On one occasion, his back was blistered, the whole surface being raw. Two weeks after the last whipping, he died. Two days previous to his death, he fell against a trunk, striking his forehead. In consequence of the rumor that his death was caused by the beating, an inquest was held by the coroner. The *autopsy* revealed congestion of the brain, and a thin layer of false membrane under the arachnoid. The intestines were ulcerated at points. He attributed his death to congestion of the brain, induced by the fall.

Dr. Finnell next exhibited several specimens obtained from a man 55 years of age, of a feeble constitution, at times having diarrhoea, and pain in right knee. About two years ago, in crossing Broadway, he was knocked down by an omnibus, and sustained a fracture of the left leg, for which he was treated at the City Hospital. Two days previous to his death, he was about as well and cheerful as usual. He retired to bed on Christmas eve, about nine o'clock, complaining somewhat; shortly after, he got up to use the chamber. He remained leaning against the side of the bed for some minutes, when he was called by his room-mate; but receiving no answer, he approached him, and found him dead.

The *post-mortem examination* disclosed cancer of the pyloric extremity, and a large ulcer which had perforated the coats of the stomach. Adhesions prevented its contents from passing into the abdominal cavity. He never had vomiting, or pain over epigastric region. The other organs were free from cancer. The right knee presented evidence of a double dislocation, viz: the patella thrown outwards; the internal condyle thrown inwards—so that the movement of the limb was principally performed by the head of the tibia and the external condyle.

Dr. Peaslee inquired if he manifested a cancerous diathesis?

Dr. Finnell replied in the negative.

Dr. Peaslee continued, that several instances of malignant disease of the stomach had come under his observation, attended with no cancerous cachexia, or emaciation. In one, a man 45 years of age, his strength and flesh were retained in a remarkable degree, until within two weeks of his death. He thought too much stress had been placed upon the cancerous diathesis, and emaciation. Their absence is not inconsistent with the existence of cancer, though, when present, they afford valuable assistance to diagnosis.

Dr. MARKOE presented for Dr. Schapps, of Williamsburg, a specimen of laceration of the diaphragm. Dr. S., who was present, would, with the consent of the Society, give an account of the case.

Dr. SCHAPPS stated that there were but few circumstances to relate. The woman from whom the specimen was obtained, was 47 years old, of good constitution. While engaged in making preparations for tea, she went out for a short time to a grocery. A few moments after returning, she suddenly died.

Post-mortem examination disclosed the organs healthy. The stomach was full of undigested food, the intestines very much inflated. The diaphragm was lacerated; and in the left cavity of the chest were found the large intestines, stomach and spleen. A large quantity of blood in both the abdominal and pleural cavities. There was no evidence of external violence.

Dr. T. F. COCK instanced an analogous state, occurring in horses who die of colic. He has been assured that a rupture of the diaphragm is almost always observed.

Dr. Markoe thought we should first ascertain if no violence had been committed; then we might speculate as to the inducing cause of the rupture.

Dr. E. R. PEASLEE presented a case of *tumor in the brain*, from a patient 58 years of age, an inmate of the Colored Home, admitted two months since,

with epileptic convulsions, occurring every two or three days. For two days previous to his death, the convulsions were frequent, and were followed by coma, which in one instance continued twelve hours.

Autopsy, fourteen hours after death. *Abdomen*.—Viscera, all perfectly normal, with the exception of diminution in the calibre of the descending colon and rectum. Supra-renal capsules thickened, hardened, and enlarged, with tuberculous deposits. Kidneys both of normal appearance. *Thorax*.—Lungs and heart both normal. *Head*.—Membranes much thickened, strongly adherent in many places to the calvaria. The shape of the head was peculiar—face long, occiput short. A good deal of hemorrhage occurred on opening the calvaria. Calcareous deposit in the falx cerebri—a piece of bone five by two inches. A tumor, at least three inches in diameter, round, and quite hard, situated on the anterior surface of the left lobe of the cerebrum, and imbedded in it—tumor easily dissected off from the brain by the fingers. On the internal surface of the calvaria, over the tumor just mentioned, on the left side, was a long, flat exostosis, three inches in diameter, not projecting much inwards, but corresponding with the depressed surface on the tumor before mentioned.

Dr. Peaslee remarked that the specimen on the table had interested him in two respects:—

1. He had at a former meeting of the Society, expressed the opinion that true ossification, as distinguished from mere calcification, never occurs except in connection with periosteum; and that ossification of the dura mater was no exception to that assertion, since this membrane is the internal periosteum (endosteum) of the cranium, while it is also one of the membranes of the encephalon.

He now thought that this proposition should be extended so far as to include any structure composed mostly of white fibrous tissue, and say that true ossification (or formation of true bone), may occur in connection with periosteum or any structure composed mainly of white fibrous tissue, as tendons, aponeuroses, and ligaments. On the other hand, he believed that, with the exception of ovarian growths, true bone is formed only in connection with periosteum, and with other structures formed mostly of white fibrous tissue. We may discover a reason for this, in the fact that the same immediate principle, *osteine*, exists in both bone and white fibrous tissue—a principle convertible into gelatine by the action of boiling water. Consequently, the ossification, so called, of arteries, that of or under the arachnoid, and of the valves of the heart, and under the pericardium, is not true ossification, but merely calcification, made by a deposit of the phosphate and carbonate of lime, together with the phosphate of magnesia. In the present case, therefore, Dr. Peaslee found, on examination with the microscope, that the deposit in the falx cerebri was true bone, as he had predicted. It is to be remarked, also, that the ossification does not extend upwards quite to the superior longitudinal sinus; as it almost never does.

2. The tumor imbedded in the left hemisphere would be regarded, at first sight, as a fibrous tumor, or a cancerous development. Fibrous tumors are, however, exceedingly rare in this organ. Indeed, though Rokitsansky admits

the occasional existence of fibrous tumors in the brain, we find a doubt as to the correctness of this idea expressed in a recent work on Pathological Anatomy.*

As the tumor had been kept for some time since the autopsy, Dr. P. could not rely implicitly upon a microscopic examination of it. But he found elongated cells in the central portion of it, which must have been the fusiform variety of cancer cells, described by Dr. Donaldson, of Baltimore; unless, possibly, they were the fibro-plastic cells, sometimes mistaken for them. Dr. P. did not doubt, however, on the whole, that the tumor was one of the forms of cancer.

The deposit of new bone on the internal surface of the os frontis, Dr. P. thought occurred in consequence of the shrinking away of the brain, and to fill the space vacated by it.

If it be asked what was the cause of the epileptic attacks in this case, Dr. P. thought that either the tumor, the ossification and embossed condition of the falx cerebri, or the bone deposit on the inner surface of the frontal bone, might alone produce them, had there been no other reason.

Dr. P. remarked, however, in reply to a question of Dr. S. P. White, that he thought the tumor was the first in order of the pathological epigeneses; that this caused an irritation of the cerebrum, and a consequent hyperæmia of that part of the encephalon; whence arose the ossification of the falx cerebri; and as the shrinking of the cerebrum went on, the internal exostosis upon the os frontis occurred, to supply the place of the cerebral substance within the cranium.

MEDICAL SOCIETIES.

NEW CASTLE (DELAWARE) COUNTY MEDICAL SOCIETY.—The annual meeting of this Society was held in Wilmington, on Thursday, March 21st. In the absence of the President, Dr. J. W. Thomson was called to the chair, and Dr. J. F. Vaughan was appointed secretary *pro tem*.

The following officers were elected to serve for the ensuing year: *President*, Dr. R. R. PORTER; *First Vice President*, Dr. G. C. JONES; *Second Vice President*, Dr. W. N. HAMILTON; *Corresponding Secretary*, Dr. W. R. BULLOCK; *Recording Secretary*, Dr. J. F. VAUGHAN; *Treasurer*, Dr. J. F. WILSON.

Drs. Wilson, of Wilmington, Hamilton, of Odessa, and Mendenhall, of Stanton, were appointed Delegates to the annual Meeting of the American Medical Association, to be held in the city of Detroit, in May next.

Dr. H. F. Askew announced the death of Dr. J. G. Barstow, and after some eulogistic remarks, offered the following resolutions, which were adopted:—

* Jones and Sieveking, p. 226.

WHEREAS, Death has again invaded our ranks, and removed from amongst us our friend and fellow-laborer, JERVIS G. BARSTOW, M. D.,

Resolved, That in the death of Dr. Barstow, the community has sustained the loss of a skilful physician, who was fondly attached to his profession; and we, a friend whom years of intimate association had closely and warmly endeared to us.

Resolved, That we mingle our sympathies with the family of the deceased, and deeply regret the melancholy event that has shrouded them in sorrow.

Resolved, That a copy of these Resolutions be transmitted to the family of the deceased.

Dr. L. P. Bush, the retiring President, then read his annual address. The remainder of the session was occupied in discussing the subject of vaccination and revaccination—and the following committee was appointed to report at the next annual meeting, upon the protective influence of vaccination and the necessity of revaccination: Drs. Hamilton, Jones, Mendenhall, Clark, Johnson, and Vaughan.

On motion the Society adjourned.

J. F. VAUGHAN, *Secretary*.

WILMINGTON MEDICAL ASSOCIATION.—At a special meeting of the Wilmington Medical Association, held at Dr. Askew's office, February 22d, 1856, the following resolutions were unanimously adopted:—

WHEREAS, In the wisdom of Divine Providence we are again required to mourn the removal of another of our members, by the death of JERVIS GREEN BARSTOW, M. D.,

Resolved, That by the death of Dr. Barstow, a void has been made in our profession, the Medical Association has lost one of its most intelligent members, our fellow-citizens a physician who was earnestly devoted to his profession, and whilst his health permitted, faithfully and sedulously attentive to its duties.

Resolved, That we deeply sympathize with his family in their sad bereavement, feeling keenly sensible that theirs is also our loss.

Resolved, That the members of the Association attend his funeral.

Resolved, That these resolutions be entered on the minutes of the Society, published in the newspapers of the city, and that a copy of them, signed by the officers of the Association, be transmitted to the family of the deceased.

W. R. BULLOCK, *President*.

J. F. VAUGHAN, *Secretary*.

—*State Journal*.

EDITORIAL.

MEDICAL POLITICS IN CINCINNATI.

THERE are two methods of dealing with empiricism, each having strenuous advocates in the profession. One is, to treat it with silent contempt, in the belief that it thrives by opposition; and the other to embrace every favorable opportunity to unmask its pretensions, and warn the public against its evils. The difference of sentiment on this subject, finds utterance in almost every meeting of our National Medical Association. We have but to refer our readers to the pages of almost any number of the REPORTER for our own notions on the subject. In the performance of our duty in this regard, we have ever aimed to be independent, bold, and uncompromising, yet just and honorable. How far we have succeeded, we leave our readers to judge.

In the West, having their head-quarters at Cincinnati, there is a class of practitioners styling themselves "Eclectics," the forlorn hope of dying Thomsonianism. Among these practitioners there are several men of considerable intelligence who are very energetic in their endeavors to kindle into an enduring blaze the elements which go to make up their system. The flame lasts, however, only while the stimulus that creates it is applied, when it dies away, leaving nothing but a blackened carcass behind.

Their plan of operations includes a college—a fungoid growth, subsisting at the expense of the regular profession of the West—and persevering efforts to fortify themselves in their position behind a medical literature of their own. But the disciples of this school are fast drifting a few of them into the ranks of the regular profession, and others into every species of medical humbug and absurdity, the legitimate direction of a majority of them.

The apparent prosperity of this faction is galling to the profession of Cincinnati, though we fear that they have themselves to blame for much of it. We will not undertake to detail the

reasons for this state of things, as we do not, and cannot know them all, but are of opinion that one reason is, that the repelling influences of intestine strife have driven students from the legitimate schools, into the *one* representing these "Eclectics." If the *three* legitimate schools of medicine in Cincinnati would unite their forces, and if the practitioners of that city would act harmoniously and consistently towards each other, and the profession, it would, we think, go a great way toward depriving "eclecticism" of the pabulum that supports its life.

As an illustration of the spirit that actuates at least a portion of the profession of that city, we find in the February number of the *Cincinnati Medical Observer*, among other excellent matter, two editorials, one of them devoted to our special benefit, for having condescended to notice the "eclectics" and their books, while the other contains a *friendly* salutation and welcome to Dr. Blackman, a newly appointed professor in the Medical College of Ohio, a rival to the school represented in that journal. The *Observer* thinks that we must be ignorant of the state of things in Cincinnati, or we would not have noticed the works in question. On the contrary, we think we understand the position of affairs quite as well as the *Observer* does, and we conceive that the difference between that journal and ourselves, is merely a difference of opinion as to the best mode of treating the subject of quackery. The facts upon which its strictures are founded, are as follows:—

Some time last fall, we received from a Cincinnati publishing house, several works put out by the "eclectics." These works professed to treat of the science of medicine, and as a censor of the medical press, we conceived it to be our duty to speak of them, which we did briefly, and in a manner very far from complimentary, though we accorded "faint praise" where we believed that it could not be honestly withheld. We embraced the opportunity afforded, to acquaint our readers, as a part of the medical history of the times, with the pretensions of the "eclectics," and their mode of supporting them. We denied their peculiar claims, in language which we supposed admitted of no misconstruction, while we aimed to speak honestly and fairly, both of them and of their books. We hesitate not to leave the matter to the unbiassed opinion of any of our readers, who will

peruse our remarks in the REPORTER for September and October last in connection. In our encounters with quackery, we shall endeavor to guard against ambiguity, though we can scarcely hope to please everybody, or have everybody pleased with us.

AMERICAN MEDICAL ASSOCIATION.

This learned body meets in Detroit on Tuesday, May 6. The occasion will, as it has done heretofore, call together hundreds of the most prominent physicians and surgeons of the land, and it may be expected that much good will result to the cause of medical progress, by their deliberations. Voluminous and important reports will be presented, from every section of the country, which will contain a medical history of the year.

Among the items of business that will come before the Association, will be the consideration of the following resolutions and amendments to the Constitution, proposed at the meeting, in Philadelphia, last year.

Dr. N. S. DAVIS, of Illinois, moved the following preamble and resolutions, which were referred to the Committee of Arrangements, with instructions to report on the same at the commencement of the next annual meeting:—

Whereas, The present mode of conducting the annual meetings of the Association affords but little opportunity for the discussion of strictly scientific questions and papers; and *whereas*, this has been regarded as a serious defect in the operation of our organization, impairing its scientific character; therefore,

Resolved, That the daily sessions of the Association during each annual meeting be divided into two parts, the first to terminate at an hour not later than 12½ o'clock P. M., of every day, and to be devoted, as heretofore, to the general business of the Association. The second part consisting of all the time which it is deemed advisable to remain in session each day, after 12½ o'clock P. M., to take the character of a scientific section, and to be devoted exclusively to the discussion of questions relating to the science and art of medicine.

Resolved, That the Association, in its capacity of a *Scientific Section*, having no power to act on any subject not of a *scientific* character, may continue in session, whenever thought desirable, a longer period than in its more general capacity.

Dr. ALFRED STILLÉ offered the following resolutions:—

Resolved, That a Special Committee of five be appointed to report at the next meeting of the Association, on the following question: Might not the present system of repeating the same lectures to the same classes, during two successive terms, be usefully modified by extending the lectures of each chair over two sessions, so as to embrace a systematic and complete discussion of each of the following subjects:—

1. Special, Regional, and General Anatomy, including illustrative references to Morbid Anatomy.

2. Inorganic, Organic, and Pharmaceutical Chemistry, and Toxicology.
3. General and Human Physiology; Hygiene; Medical Jurisprudence.
4. Medical Botany; Materia Medica; General Therapeutics.
5. General Pathology; Morbid Anatomy (Systematic); Practice of Medicine.
6. General Surgical Pathology, or Institutes of Surgery; Mechanical, Operative, and Medicinal Surgery.
7. Obstetrics; Diseases of Women; Diseases of Children.
8. Hospital Clinical Medicine and Surgery.

Resolved, That the Committee, at an early day, address the several Medical Colleges, in regard to the proposed plan of instruction, requesting from them an official expression of opinion upon its merits and feasibility.

PROPOSED AMENDMENTS TO THE CONSTITUTION.

A member offered an amendment to the Constitution, by which the Recording Secretary and Treasurer of the Association are made permanent officers, and their travelling expenses directed to be paid.

The following amendment to the Constitution was offered by Dr. CHARLES HOOKER, "Any permanent member, who shall not pay for the published *Transactions* for three successive years, shall be considered as having withdrawn.

An amendment was offered to the Constitution, by Dr. J. L. DORSETT, changing the name of the Association to that of "National Medical Congress," and providing that at least one meeting in three years be held in Washington, D. C.

An amendment to the Constitution was offered by Dr. CLENDENNIN, to the effect that Medical Societies which do not adopt the Code of Ethics, shall not be considered "in good standing."

Dr. L. D. SCHEETZ, of Ohio, presented the following:—

Whereas, It has been found necessary to adopt some means of elevating the standard of education, both *professional* and *general*, among medical men, by those who are best acquainted with the sad and lamentable deficiency which prevails in this respect among a large mass of the profession, and particularly in the Western States; and *whereas*, efforts to this effect at home, have been opposed on the ground that more was exacted by such as took an active part in the matter, than is required by the "American Medical Association;" and *whereas*, it is believed that the National Society can exert a beneficial influence over the whole country; therefore,

Resolved, That the Constitution of this Association be so amended as to require all delegates, before being allowed a seat in the Association, to satisfy the proper authorities that the societies which they represent, require graduation, as a *sine quâ non* to membership therein; and that no person can become a *permanent member*, a *member by invitation*, or can be received as a delegate from any other body, unless he be a graduate of some respectable school.

Resolved, That the editors of the various medical journals of the United States be requested to publish the foregoing, so that an interest may be awakened upon this subject, and that Societies may be prepared to comply with the above requisitions, in case they meet the approval of this Association. Laid over under the rule.

Dr. N. B. IVES proposed an amendment to the Second Article of the Constitution, giving power "to punish any of its members by reprimand, suspension, or expulsion, upon a three-fourths vote of the members present, at any meeting, at which not less than one hundred are in attendance."

In addition to the above items of business, a host of Special

and Standing Committees are to report on subjects allotted to them. A committee was appointed of one from each State, to make arrangements with railroad and steamboat companies, to have commutation tickets issued to the delegates of the American Medical Association, and their immediate families, who may design attending the meeting of the Association in May, 1856. Dr. L. A. Smith, of Newark, is on the Committee for New Jersey.

We hope that New Jersey, both from her State and district medical societies, will be *well represented* at Detroit next month.

The profession of the British Provinces have a special invitation to be present "with such identification as may entitle them to the courtesy of becoming 'Members by Invitation.'"

MONEY INVESTED—NOT BY US.

We have, on several occasions, been made the unfortunate victim of the confidence we have reposed in collecting agents. Last December, being very much in want of money, we embraced what we supposed was a good opportunity to have some money collected, that was due us in this State, on past subscriptions. We found an agent who furnished us with the highest and most reliable recommendations for honesty and efficiency, but who proved recreant to his trust, and deceived the respectable parties who recommended him. He collected a considerable sum of money, appropriating it to his own use, and the probability is, that it will be a total loss to us—a loss we can ill afford. We give the names of those who paid said agent, that they may know that we have never received the money which, when they paid it, they supposed was coming to us, and we appeal to them to repair the injury the agent has done us, as far as they may, by sending us new subscribers, to the amount of the subscription money they paid him.

Drs. J. L. Taylor, \$4 00; Jacob Quick, \$2 00; W. W. L. Phillips, \$2 00; W. Mortimer Brown, \$2 00; J. Elliott, \$2 00; J. Henry Clark, \$3 00; Chas. Chandler, \$4 00; J. S. Crane, \$4 00; J. S. Green, \$2 00; J. H. Vondy, \$2 00; J. M. Julian, \$4 00; H. M. Stone, \$2 00; C. McK. Smith, \$6 00; R. Brumagim, \$2 00; and W. L. Debow, \$4 00.

To this list we must add, Drs. C. D. Hendry, \$8 00; and B. Hendry, \$8 00; paid to another agent.

PATRONS OF MEDICAL LITERATURE!

There is a certain class of men, *patrons* of medical literature, who are a pest to editors and publishers. All our contemporaries who are old enough, have, in common with ourselves, suffered by their patronage. We have long been of opinion that the best way to rid the subscription lists of such patrons, would be to expose them by name; this is the only remedy available, if we *must* let our journals go out without pay in advance. Of course it is always to be presumed by publishers, that postmasters obey the requirements of the law, by returning copies of publications which are refused at their offices. Our talented and facetious *confrère*, Hunt, of the *Buffalo Medical Journal*, has been trying his hand at some of these patrons. Hear him.

"Every one has noticed that he sometimes becomes deeply interested in a person, or a name even, without any assignable cause. Some mysterious sympathy, some unknown exercise of the 'odid force,' compels a feeling of interest which we do not possess for those nearer to us in the relations of life. Such was our case, when, on assuming the ownership of the journal, we found (among others), the names of two individuals were marked as in debt to the concern since No. 1, vol. 1.

"In a moment our fancy took wings. We thought of the one hundred and twenty successive months during which the journal had been regularly mailed to these men, the mails had regularly conveyed them, and the poor books themselves had gone to these undiscovered countries from which no journal e'er returned. Who and what are these subscribers? we asked ourselves. Are they veritable men and doctors? walk they the earth, give they physic, possess they pill-bags? Or are they myths, unrealities, metaphysical illusions, deceptions of the Evil One, mere *nominis umbra*?

"We determined to find out. We wrote them letters, and repeated that operation regularly every Saturday night for three consecutive months. No answer came; but in the course of the summer we found ourselves within twelve miles of the address of one of them. We appealed for assistance to a livery keeper, and rode that twelve miles in a pouring rain, through unfathomed mud, in an open buggy with a broken-winded horse. Reaching the place, we found that the memory of our subscriber had passed away, but on finding the 'oldest inhabitant' he informed us that Dr. L. was employed as a tallyman in a flour warehouse, on Water Street, New York. That was satisfactory, and we thought ourselves well repaid.

"The second individual still remained a burden on our peace of mind. We thought we would seek him out also, but it occurred to us that a journey would be expensive. We would write to the postmaster! Accordingly we addressed the following line to him:—

'P. M., at Slogo + Roads.

'Dear sir:

'Has Dr. ———, "a local habitation and a name" in your place?
'Respectfully, etc.'

"By return mail (oh! model of promptness) came the answer.

'Slogo + Roads.

'Dear sir:

'Dr. ——— has a "local habitation" here, but no "name" as a physician.

'Respectfully,
'—————, P. M.'

"That accounts for it all, thought we!"

That's capital, and was very satisfactory no doubt! We have tried Dr. Hunt's plan, and found it wanting. We have patronized our postmaster to a ruinous extent, all to no purpose; we have commissioned agents, who have never reported the money they have collected; in short, we have wasted a great deal of precious time in repeatedly making out these bills, and writing letters to the delinquents, and in *thinking* about the most feasible plan of accomplishing the object of securing the money due us from them. We now take one more step, and we hope that other journals will follow our example in this matter, that *all* our lists may be rid of these profitless pests. We have erased the following names from our subscription list: Drs. W. C. Foster, owes \$8 00; J. W. C. Teasey, \$4 00; Wm. Williams, \$6 00. If any of these names are patronizing any of our contemporaries, we will give their residences on application. Several other names are held in reserve.

We learn from the *Buffalo Medical Journal*, that the *Western Journal of Medicine and Surgery* is to be discontinued, and that a new journal, the *Louisville Medical and Surgical Review*, is to take its place. The first number will appear in May, and the work will be conducted by Prof. Gross and T. G. Richardson, M. D.

The Supreme Court of the State of Michigan, has issued a mandamus instructing the Board of Regents of the University to appoint a Professor of Homœopathy in accordance with the act of the Legislature, creating the chair, or to show cause why the same is not done. We doubt not that this action will call forth able and conclusive arguments from the Board of Regents, as there are men of talent and spirit, connected with the medical department of the University, who, in anticipation of such a call, have been preparing to meet it. The American Medical Association will probably meet in Detroit, in season to give an expression of opinion on the subject.

EDITORIAL CORRESPONDENCE.

MEDICAL SCHOOLS.

NEW YORK, March, 1856.

MR. EDITOR: The period of utero-gestation of our medical schools terminated this month, and the process of parturition has ushered into being the usual number of fledgling practitioners, amid the excitement and agitation usually attendant upon this interesting event. The whole number spawned by the three Alma Maters was 171, of whom 97 were born of the University Medical School, 39 of the College of Physicians and Surgeons, and 35 of the N. York Medical College. The *stillborn* are, of course, not reported, though from the established reputation and well-known skill of the accoucheurs, stimulated, as these qualities must be, by the certain loss of a much desired fee of \$25, in case the child does not live, we may suppose the *nonviables* to be few in number. The advent of these additions to the world of physic was accompanied by the usual pomp and circumstance of black gowns, brass bands of

music, crowds of ladies, and flourishes of oratory; the performances in the last, being, with a single exception, creditable to the taste and dignity of the institutions.

ACADEMY OF MEDICINE.

The professional interest of the month was greatly enhanced by the proceedings of the Academy of Medicine, the principal features of which were the reading of a paper by Dr. C. E. Isaacs, on the structure and functions of the kidney, and an original communication to the Academy from Prof. Simpson, of Edinburgh, entitled—"A few Observations on Carbonic Acid Gas as a local Anæsthetic in Uterine Diseases, etc."

STRUCTURE AND FUNCTIONS OF THE KIDNEY.

Dr. Isaacs' paper was illustrated by a series of twelve large colored drawings, and a number of small ones, some very beautifully executed. He has been engaged in prosecuting the study of the minute structure of the kidney for a number of years past, and has succeeded in demonstrating, with entire satisfaction, several points in relation thereto, which were before left in doubt, or rested only on the *argument* of physiological writers, as Bowman and others. Isaacs has seen what Bowman has only planned. By new methods of treatment (the original suggestions of Dr. Isaacs), the structure of the organ has been developed under his microscope, in so perfect and complete a manner, as to elucidate some hitherto doubtful points, as for example, the precise anatomical relation of the Malpighian tufts to the uriniferous tubes; the existence of ciliary motion in the kidney of the higher animals, and demonstrations of the fibrous matrix. Of his elaborate paper, it would be difficult, in the space allotted in the *REPORTER*, to give more than a brief synopsis, and which can best be done by quoting its *conclusions*, premising that, though before well known as a most patient and accurate investigator, the publication of his paper, which will be done in full in the *Transactions of the Academy*, will rank its author among the ablest of the physiologists of the day. The following are the "conclusions" of his essay:—

1st. "Certain processes have been here recommended for displaying the structure of the organ, which, so far as I know, have not hitherto been employed. At the same time, views exactly similar (although not always so clear or extensive) have been obtained in the most simple manner, and where no chemical agent has been used, so that the various processes, although entirely different, yet confirm each other."

2d. "Certain facts have been adduced, relative to ciliary motion in the higher animals."

3d. "I cannot but consider that the views of Mr. Bowman, concerning the connection of the Malpighian body with the uriniferous tube, are indubitably correct, inasmuch as I have observed this arrangement so often, and under various circumstances, entirely different from those under which his observations were made. His plate, however, of the connection of the capsule of the uriniferous tube with the Malpighian tuft, and which has been so generally copied into all our works on physiology, is merely diagrammatic,—my plates have all been drawn from the field of the microscope."

4th. "Under all conditions, I have always found the surface of the Malpighian coil or tuft to be covered by oval, nucleated epithelial cells, as stated by Gerlach, and contrary to the opinion of Mr. Bowman."

5th. "The physiological views of the last-named author, and which have been so generally adopted, are not here received, and for reasons previously stated."

6th. "A mode of demonstrating readily the fibrous matrix of the kidney, and views of this structure in different animals, have here been given."

7th. "Its appearance in induration of the kidney, and its effect in this disease upon the circulation and nutrition of this organ."

8th. "Its histological and chemical nature."

9th. "With regard to the plates, several views have been given, which, it is believed, may be regarded as new. They were all drawn from nature, with the exception of Plate 15, which was copied from the very excellent paper of Mr. Bowman, in the *Philosophical Transactions* of 1842. The plates were drawn from the field of the microscope, by Henry A. Daniels, anatomical draughtsman, of this city, the greatest care having been taken to insure accuracy in every instance."

In illustration of the ingenuity and accuracy of Dr. Isaacs, it is stated that one of his plates, which shows the connection between the Malpighian tuft and the uriniferous tube, is very similar to that of Mr. Bowman; Bowman's, however, is merely a *plan* of the renal circulation, and so called by him, *he could not see such an appearance under the microscope*, because, to do that, it would first be necessary that the substance of the kidney should be made transparent, and this process was unknown to him. Dr. Isaacs accomplishes this result by first injecting the kidney with white lead, or chrome yellow, and then boiling it in very diluted chloroform. By this means the kidney becomes transparent, and can be viewed at one moment as an opaque object, in the next as a transparent one, merely by turning the mirror of the microscope. By these means he is enabled to see, in one specimen, all that is figured in the plate of Bowman.

CARBONIC ACID GAS AS AN ANÆSTHETIC IN UTERINE DISORDERS.

This paper, from the pen of Prof. J. Y. Simpson, excited also much interest as it was read by the Secretary. After alluding to the anæsthetic property of this gas when applied to the cutaneous surface, as well in its natural state as when the external cuticle has been removed by a blister, the Professor remarks that this property is still more highly marked when applied to a mucous surface, and he has found it exceedingly useful in neuralgia of the uterus, and in almost every disorder of that organ attended with pain. He has applied it daily for months in some cases, and has sometimes found its use to result in a cure of some diseases. He finds it to be preferable to the vapor of chloroform, as a topical anæsthetic, to the genital mucous canals, inasmuch as the latter generally creates a disagreeable, and sometimes a very painful, though temporary feeling of heat and burning. The injection of carbonic acid gas produces no such painful sensation. Several cases are

given of its beneficial effects, not only in cases of neuralgia and irritable uterus, but in dysuria and irritability of the bladder, in bearing down pains of the uterus and neighboring parts, and even in malignant disorders of the matrix; he has also found it exceedingly useful in alleviating the pain, and improving the character and odor of the discharges, when such exist offensively. Prof. Simpson does not, however, claim the credit of originality in the suggestions of the use of this gas as a means of relieving local pains, but proceeds to quote several authors by whom it was employed more or less, though from some reason its valuable properties seem to have been overlooked. The late Dr. Dewees, of Philadelphia, used vaginal injections of carbonic acid gas in the treatment of carcinoma uteri, with the happiest effect in alleviating the severity of the pain, and diminishing the offensiveness of the discharge. In cases of dysmenorrhœa it has been recommended by Prof. Major, of Geneva, who used it two or three times a day for five or six minutes each time. As quoted by Dr. Rossi, of Italy, Dr. Pereira found it to act speedily and beneficially as a local sedative in uterine pain.

In practice, Prof. Simpson states that he uses a common wine bottle, and forms the gas by mixing in it six drachms of crystallized tartaric acid with a solution of eight drachms of bicarbonate of soda in six or seven ounces of water. A long flexible caoutchouc tube, having one end fastened to the perforated cork of the bottle, conducts the gas to the vagina.

The latter half of the Professor's paper is chiefly occupied with an explanation of various processes heretofore in vogue, the rationale of which was not understood, among them those mentioned in the Hippocratic writings, and the works of Paulus Ægineta, Rueff, Paré, and other ancient authors, as employed in the treatment of uterine disorders, such as the burning of various herbs, aromatic and medicinal, and the application of the fumes arising from their combustion to the interior of the vagina, by appropriate tubes and instruments. The good effects alleged to have been derived therefrom he attributes to the then unknown carbonic acid, the product of the combustion, more than to any medicinal quality contained in the smoke of the burning ingredients. So, also, he attributes the soothing and sedative effects of the direct injection of the various mineral waters, as practised at different German baths, to the free carbonic acid which those waters contain, a thought which finds confirmation in the fact that latterly, at some of those places, it has become the practice to collect the gas from the waters, and apply it *per se* in the form of jets and baths to different parts of the cutaneous and mucous surface, as to the uterus in neuralgia of that organ, to ulcers of the limbs, to the eye in irritable chronic ophthalmia, &c. &c. In common therapeutics, likewise, he finds several instances in which the value of certain remedies can be accounted for only upon a knowledge of the local anæsthetic effects of this gas. For example, in using the common effervescing draught, or artificial aerated water, in gastric irritability and nausea, practised since the time of Riverius; and in the topical application of carbonic acid gas as a clyster in dysentery and diarrhœa, as recommended by Mr. Parkins, Mr. Hey, of Leeds, and several others, its value he considers due to its anæsthetic property. To the same property is attributed the efficacy of the old yeast poult-

tice, which gives off more or less of the gas, in immediate contact with the irritable and sloughing sore to which it was applied. Pure carbonic acid has been applied to carcinomatous sores with the effect of mitigating pain and improving the discharge, and Dr. Ewart, of Bath, is stated to have applied it locally in two cases of ulcerated cancer of the mamma, in one of which the ulcer, which was five inches long, three inches broad, and two inches deep, entirely, though temporarily, closed up and cicatrized in three months, under its constant use. In the other case the patient was kept in ease and comfort for two months, who had, a great length of time before, known only agony and torture.

The worthy Professor has our cordial thanks for thus renewing our attention to this valuable means of relief, and has, by his ingenious reasoning and the industrious application of his suggestions in this matter, won an additional leaf for his already teeming chaplet.

The only other business of the Academy at this meeting, worthy of notice, was the announcement of the acceptance of his appointment to Honorary Fellowship, by a distinguished antipodean gentleman, being no less a personage than a prince of Siam, who is also the Prime Minister of that Empire. This august individual, it seems, has "studied medicine" (under Dr. House, an American missionary), and has exerted himself in the introduction of many important reforms in the practices of his countrymen, and aims at further improvements. His name is *Krom Luang Wongsa Tirat Sanit*. Do not forget it!

DEATH OF THOMAS BOYD, M. D.

The members of the profession in this city have just been called to follow to the grave this venerable man, the oldest of their associates. He died in his 84th year, having been a practitioner sixty-three years. For a long period, he held a prominent position in our ranks, and was universally respected both among his professional brethren and the public, enjoying among the latter an extensive and lucrative practice. He was one of those who, though small of stature, never tired. He seemed to be always on the wing, and indeed so large was his business that he has often been seen driving about the city nearly all night, making his daily calls, and this, too, within a few years. Many a time has he been invoked by his family and others to take a partner in business, but he always refused, declaring that he would not "rust out," but meant to "die in harness." And he did so, for within a week of his death, I saw him with tottering steps, supported by a dutiful daughter, wending his way through the crowded streets, in the pursuit of his calling. His conscientiousness as a man, his skill as a physician, and his agreeable and tender manners, combined with the keen appreciation of the humorous, rendered him a great favorite with all classes; and though, as far as I am aware, the even tenor of his way was unmarked by any particular mental brilliancy, or the pages of medical literature by any originality of his, yet his memory lies embalmed in many thousands of hearts, which will cherish it as that of a friend and brother. It was touching to observe, among the crowd assem-

bled around his bier, to take their last look of the features which had so often brought joy and hope into their dwellings, a number of venerable matrons, who, for more than half a century, had looked to him alone as their earthly counsellor and friend, and whose children's children had risen up to call him blessed, now "bent low in silent mourning," dropping copious tears upon his confined remains. Dr. Boyd was a sincere and humble-minded Christian; a man "without fear and without reproach," and probably not an individual could now say that an angry word had ever passed between them.

Very respectfully,

J. GOTHAM, Jr., M. D.

METEOROLOGY.

Meteorological observations for February, made at the State Lunatic Asylum, Trenton, N. J. Latitude N. 40° 15'; Longitude E. 2° 12' 51".

February fully sustained the character of the preceding month for coldness. The average temperature was 25½°, being ½° colder than January, and the average temperature of the two months was 25½°.

For 15 days the mercury did not go above the freezing point, and there was only one day when it did not go below the freezing point.

It is everywhere acknowledged that this has been a remarkable winter, not only in this and adjoining States, but throughout the North American continent where winter is an annual visitor, and in Europe. Through all the Northern States snow has fallen to an almost unprecedented depth, and at certain points between Springfield and Albany, the drifts have been so deep as to cover the telegraph posts, 17 feet high. All access by water to New York, Philadelphia, and Baltimore was prevented by ice. Chesapeake Bay was completely frozen over, and the Mississippi as far down as New Orleans; and even in Louisiana, on the 22d of February, ice was seen two inches thick on the shore of the Bayou La Fourche. In Mobile there has been 8 inches of snow.

The Delaware has been ice-bound at this point since the 5th of January, whereas last year it was closed only ten days in the same time. Ice in the river was 22 inches on the 12th.

What is the cause of so great differences in our winters is a problem which remains to be solved. There is some plausibility in the supposition that it is owing to differences in the magnitude of the dark spots discovered on the sun's disc, especially when these differences of temperature are noted on both hemispheres at the same time, and are simultaneous with known enlargements of the solar spots, as in 1855-6. But it is not at all certain that these coincidences have been frequent enough to establish a fact, yet the subject would undoubtedly repay investigation.

The law of reciprocity between ice-covered inland waters and a dry atmosphere, was again corroborated, for while the former remained closed, the latter gave us only one rainy and no snowy days during the month, the amount of rain and melted snow being only .61 in.

The close of the month was milder than the beginning. On the 20th the ice in the Ohio river broke up; on the 25th James river opened; on the 26th the Mississippi opened at St. Louis, and on the 29th bluebirds, ever welcome harbingers of returning spring, again made our frosty air echo with their cheerful, earnest songs.

Tabular View of Thermometrical and Barometrical Results.

		Maximum height.	Minimum height.	Mean height.	Maximum daily mean.	Minimum daily mean.	Maximum daily range.	Minimum daily range.	Mean daily range.	Monthly mean.
Therm'ier,	Sunrise,	5th—12th; 34°.	14th; -2°.	15°.	21; 30°.	3d; 0°.	10th & 11th; 24°.	24th; 0°.	11°.	25½°.
	2 o'clock P. M.	22d; 43°.	3d; 10°.	25°.						
	Sunset.	22d—23d; 41°.	3d; 8°.	20°.						
Barometer,	Sunrise,	6th; 30.30 in.	12th; 29.10 in.	29.60 in.			10th & 11th; 30 inches.	0 & 2 days.	0.00 inches.	29.659 inches.
	2 o'clock P. M.	6th; 30.25 in.	12th—16th; 29.15 in.	29.63 in.						
	Sunset.	6th; 30.20 in.	16th; 29.16 in.	29.65 in.						
Correspond. attached therm'ier,	Sunrise,	6th; 58°.	12th; 70°.	64°.			12th; 0°.			65.6°.
	2 o'clock P. M.	6th; 61°.	12th and 16th; 72°.	66°.						
	Sunset.	6th; 61°.	16th; 72°.	67°.						

PREVAILING WINDS.	RAIN AND MELTED SNOW.			
	Date.	Inches.	Snow—in.	Wind.
N. W. prevailed 12 days . .	1st.	.12	1.	S. W.
W. " 9 " . .	7th.	.34		N. E.
S. W. " 3 " . .	27th.	.15	2.50	N. E.
N. " 1 day . .				

Whole amount of rain and melted snow, .61 inch.

Whole amount of snow, 3.50 inch.

Clear sky prevailed 18 days.

The following table shows the comparative temperature of February for the last eight years:—

Year.	Maxima.	Minima.	Media.
1849	46°	0°	28°
1850	61°	7°	38°
1851	58°	9°	41°
1852	60°	6°	37°
1853	60°	14°	38°
1854	64°	12°	36°
1855	48°	-6°	28°
1856	43°	-2°	25°

Average temperature of the last eight Februaries was 33½ deg.

NECROLOGY.

WE copy below, from the *Boston Medical and Surgical Journal*, an obituary notice of the late Dr. M. L. NORTH, who died at the residence of his son, at Spuyten Duyvil, N. Y., on the 22d of February, aged 66.

We had no personal acquaintance with Dr. North, though we have had the pleasure of some correspondence with him, some of it in connection with a proposition from him to remove to Saratoga and form a partnership with him, with a view to succeeding him in practice.

The father of the editor of this journal studied medicine with Dr. North while he resided in Sharon, Conn., more than thirty-five years ago, and he will cherish the memory of his former preceptor, with respect and veneration, as long as life lasts.

"It is not often that we are called upon to record the death of a more worthy and truly esteemed member of our profession than Dr. North, late of Saratoga Springs. Few physicians have been better known to their brethren throughout the country, for a long series of years. His position as a medical adviser, at a place of such general resort, necessarily brought him in contact with the higher class of patients from all parts of the country, to whom he generally became greatly endeared, and through them he was more or less known to their family physicians at home. It was likewise, for many years, his practice, during the months when few visitors needed his services at the Springs, to travel extensively through the country—thus enlarging the circle of his acquaintance while he recruited for a time his gradually declining health. Dr. North's character, as a man of probity and honor, stood high among all who knew him. To those who were intimate with him, he was known to be governed by the most elevated Christian principle, and daily exhibited the most ardent piety united with sincere humility. He was skilful in his profession, keeping pace, in his practice, with all the real improvements in medical science. His skill and nice discrimination in the use of the different waters at the Springs, have long been known and acknowledged both in and out of the profession. During a course of twenty years, Dr. North has been a contributor to this Journal. Since his removal from Hartford to Saratoga, in 1837 or 1838, his articles have mostly been connected with the celebrated mineral springs at that place, or the diseases for which they have been used under his care. He excelled as a writer; he was fond of using his pen, and we have reason to believe that a large collection of unpublished manuscripts will be found among his effects.

"It is hoped a more extended notice of this truly 'beloved physician' will be given by some one who has better means of access to the data belonging to his biography than we have. Thus much have we felt compelled to say, unworthy as we feel it to be of the man."

SUMMARY DEPARTMENT.

Expulsion of Tænia by Pumpkin Seeds.—This remedy, despite its novelty (some physicians "hate new remedies"), continues to enjoy the confidence of the profession, trials of it having, in repeated instances, proved its efficacy. We believe that it was first brought to the notice of the profession in this country by Richard Soulé, Esq., a West India merchant, of Boston, through the pages of the *Medical and Surgical Journal* of that city. Since that time, there have been repeated testimonials to its efficacy in the various medical periodicals of the country.

In the *Boston Journal* of Feb. 7, 1856, Dr. W. W. ELY, of Rochester, N. Y., details two cases in which the remedy was entirely successful. One case was a child, aged eighteen months, and the other a young lady. Dr. Ely gives the following directions: "Bruise three ounces of pumpkin seeds thoroughly in a mortar; add cold water, and beat the seeds with it intimately, until by expression and straining they yield eight ounces of emulsion. Let the patient take the above quantity in the morning, fasting, and follow it in two or three hours with a full cathartic dose of castor oil. Cold water is to be allowed, if desired, as a beverage, but no food should be taken until after the operation of the purgative."

American Surgeons in the Russian Service.—There are at present twelve American surgeons serving in the Russian army, in the south of Russia. Eight of these—Marshal, of California; Smith, of New Orleans; Weems, Hank, and Johnson, of Baltimore, Md.; Hart, of Memphis, Tenn.; Parke, of Ill., and Clark, of N. Y.—are stationed at Simpheropol, in the Crimea. Drs. Bostwick, of New York city; Oliver, of Boston, Mass.; Morton, of Nashville, Tenn., and Smith, of Vermont, are stationed at Odessa. Thirteen others have served in the Crimea, of whom five have died there, seven have returned, and one died at Berlin, on his way to America. Dr. Draper, of New York, died of typhus fever, at Sebastopol, on the 19th of March, 1855. Dr. King, of Charleston, S. C., died of typhus fever, at Kertch, on the 20th of March, 1855. Dr. McMillan, of New Orleans, died of cholera, at Sebastopol, in June, 1855. Dr. Jones, of Maryland, died of cholera, at Simpheropol, on the 24th of October, 1855; and Dr. Deninger, of Reading, Pa., died of cholera, at Simpheropol, on the 25th of October, 1855. Dr. Stoddard, of Baltimore, Md., died at Berlin, on the 21st of January, 1856. Drs. Harris, of N. Y.; Turnipseed and Davega, of S. C.; Henry, of Mobile, Ala.; Eldridge, of Md.; Read, of Norristown, Pa., and Holt, of Georgia, have retired from the Russian service.—*Daily Times.*

Etiology of Intermittent Fever.—Prof. W. K. BOWLING, of Nashville, teaches that the malaria which causes intermittent fever is not an effect of decomposing, but of dying vegetable matter. He says: "In a large bottom of the Cumberland, upon the confines of Nashville, there was growing, last summer, a most luxuriant crop of millet. A rise in the river submerged the entire crop. As the water subsided, the crop of millet, still erect, was found to be dying. Intermittent fever immediately sprang up in the densely populated neighborhood. There was no decomposition of the vegetable, but death only, before the fever."

Dr. W. A. MULKEY, of Freetown (Red River), Tenn., communicates a "fact" to the *Nashville Journal of Medicine and Surgery*. He says: "During the latter part of the month of February, 1840, there occurred, in this and in an

adjoining county, remote from the river, a great sleet, occasioning the breaking down of almost entire forests of massive timber. This lay upon the ground without change, during the winter; but in the warm weather of spring death commenced, preparatory to decomposition, in obedience to a law of its being. Now, in early summer, there sprang up a disease among the people in the vicinity of this fallen forest, which for extent and malignity was without a parallel in the history of the country. This epidemic, save in the element of malignity, was identical with the ordinary intermittent fever of the country.

"Here, fever was unquestionably the result of the 'dying breath' of vegetable matter."

Glass Female Syringes.—Dr. FRANK H. HAMILTON, in the *Buffalo Medical Journal*, cautions against the use of glass female syringes. He says: "In three instances, I have been called upon to remove from the vagina the broken fragments of these syringes." One of the accidents occurred in consequence of sudden alarm while using the syringe, and the other two from the extreme thinness of the extremity of the instrument. Two other cases have come to the knowledge of Dr. Hamilton, in which similar accidents had occurred in the practice of neighboring physicians.

Removal of Stains of Nitrate of Silver.—For this purpose the following solutions may be employed: A solution of 8 parts of perchloride of mercury [corrosive sublimate], and muriate of ammonia in 125 parts of water; or 5 grains of cyanide of potassium, and 50 centigrammes of iodine, in 45 grains of water.—*Journal of Franklin Institute, from Journ. de Pharm. d'Anvers.*

Nitrate of Silver as a Remedy for Burns.—Dr. JOHN WILTBAKE, of Philadelphia, calls attention, in the *Medical Examiner*, to the value of nitrate of silver as an application to burns and scalds. He says: "I have used it frequently, both in deep and superficial burns, and I have been equally surprised and gratified by the results. The advantages of the caustic application are numerous. It furnishes a complete protection to the inflamed surface, subdues the pain, arrests the serous discharge, changes the character of the inflammation, promotes a speedy cure, and, if I am not mistaken, prevents the formation of those ugly cicatrices, and the irregular contractions of the skin, which so often occur in the healing of burns.

"The mode of application is simple. In superficial burns, a strong solution—20 to 40 grains of the nitrate to the ounce of water—should be applied over the whole surface with a camel's hair pencil; vesications should be opened, and the surface carefully wiped dry before the solution is applied. If the burn is deep, and the discharge of serum abundant, the entire surface of the ulcer should be touched slightly with the solid stick."

Extraordinary Surgical Operation.—*Tapping the Pericardium, and Injecting it with Iodine.*—Dr. THOMAS REYBURN, of St. Louis, in a communication from Paris to the *St. Louis Medical and Surgical Journal*, gives the particulars of a remarkable case reported by M. Aran to the Academy of Medicine, at its session of November 6. A case of pericarditis with effusion into the cavity of the pericardium, resisted the ordinary method of treatment. The condition of the patient being such as to threaten death from suffocation, M. Aran determined to resort to the operation of puncturing the pericardium. This was done in the fifth intercostal space, "two or three centimètres from the extreme limit of the dulness." Thrusting the trocar in slowly, it soon arrived within the pericardium, the jerking flow of the liquid at the instant leaving no doubt in this regard: 850 grammes (about 27 fluidounces) of reddish colored serum were withdrawn by the trocar, to the immediate relief of all the distressing symptoms. Fifty grammes of tincture of iodine, with

50 grammes of distilled water, and 1 of iodide of potash, were then injected into the cavity. Twelve days afterwards, a second operation was required, which gave issue to 1350 grammes (more than 43 fluidounces), of a very albuminous, greenish fluid, resembling bile in color. The injection was repeated with four grammes of iodide of potash. The patient finally recovered, and was presented to the academy.

Longevity.—The opinion prevails that the age of one hundred is very seldom attained by man. It would seem, however, that, in this country at least, it is no rarity to go much beyond that age. In the *Reporter* for January, we stated that the census of 1850 showed that there were, at that time, 2,555 persons in this country over one hundred years of age; and the same census showed the mortality of persons over that age, during the previous year to June, 1850, to have been as follows: Males, 173; females, 190. The following we extract from the *Medical Monthly*:—

Cases of Longevity in New Hampshire.—The following persons lived to be one hundred and ten years of age, and upwards: Samuel McGuinn, of Andover, who died in 1845, 110 years; William Scoby, Londonderry, 1754, 110; John Collomore, Kensington, 1825, 110; Jenny Kennison, Brookfield, 1840, 110; Samuel Welch, Bow, 1823, 112; Robert Macklin, Wakefield, 1787, 115; William Perkins, New Market, 1732, 116; Duncan McNaughten, Moultonborough, 1831, 117; and Zaccheus Lovell, Nashua, 120. The date of this last death we do not know. Probably he was the oldest person that ever died in the State.

Sulphuric Acid in Dysentery.—In the *Medical Counsellor* (Columbus, O.), Dr. E. Gaston, of Morristown, O., proposes the aromatic sulphuric acid, with great confidence, as an effectual and prompt remedy in ordinary epidemic dysentery. He uses it in doses of half to one fluid drachm, every two, three, or four hours, sometimes giving it alone, and sometimes combining it with tincture of opium or syrup of ginger. In an experience of thirty years, in the treatment of dysentery, Dr. Gaston has never used, or seen used by others, any medicine, or combination of medicines, which has seemed to control the disease so promptly and satisfactorily as the sulphuric acid.

Bromide of Potassium in Spermatorrhœa.—One of the editors of this journal has recently been using the bromide of potassium in spermatorrhœa with happy effects. He exhibits it in doses of four grains, in solution, three or four times in twenty-four hours. It was conjoined with the use of cold water injections into the rectum, so as to empty it. A light vegetable diet was also directed. The result, in all cases of its use, was satisfactory.—*Cincinnati Medical Observer.*

Vaccinia and Variola in the same Patient.—Dr. S. L. Annor, of Boston, reports the following case of vaccinia and variola in the same patient. We have recently observed—and shall report on another occasion—an instance of vaccinoid and varioloid diseases occurring in the same patient, an adult. Such cases are rare, and have an interesting and important bearing on the question of the protective power of vaccination. Had it not been for this powerful and efficient preventive, this section of country would have been devastated by smallpox the past winter, just as Norfolk and Portsmouth were by yellow fever last summer.

"A nursing infant of Mrs. Q—, some eight or nine months old, was vaccinated by myself, after it had been exposed to the contagion of a mild case of varioloid several days. The operation was successful, two perfect vesicles being the result; and on the seventh day I took virus from the arm,

and with it vaccinated two other children. On the day immediately succeeding, viz: the eighth, a papular eruption appeared upon the infant, which, as it developed itself, assumed all the characters of unmistakable smallpox. The eruption was very full, as full as possible without being confluent, and the disease went on to a fatal termination. The vaccine vesicles, perfectly normal in their character at the time that virus was taken from them, from that day ceased to follow the usual course. They became large, irregular, and flattened pustules, accompanying the variola in its development. The children vaccinated with matter from this patient had *genuine vaccine vesicles*, without any unusual constitutional disturbance or breaking out on the skin.

"The following points are particularly noticeable in the above case:—

"1. The infant must have had latent variola at the time of vaccination.

"2. The vaccinia was able to establish itself locally to such a degree as to extinguish, at the points vaccinated, the latent disorder up to the eighth day.

"3. After this period, the variola overwhelmed and engulfed, as if were, the vaccinia, and was able to expend its full force upon the system of the patient."

SELECTIONS.

The severe Epidemic of 1807, preceded by a Winter of unusual severity. By S. P. HILDRETH, M. D., Marietta, O.—The writer of this article became an inhabitant of the State in the year 1806, and has been in the practice of medicine more than fifty years.

The winter which preceded this great epidemic was remarkable for the intensity of the cold. In February, after the fall of a few inches of snow, the Ohio river was frozen over so firmly in one night, that loaded wagons crossed the next day on the ice. The summer of 1806 was dry and warm, and rendered extraordinary by the ravages of the "army worm," as it was appropriately called by the inhabitants. It is a worm about two inches long, dark colored, smooth cuticle, with two light whitish stripes running along the length of the back, and is the larva of an ash-colored moth, the generic name of which is *Dryscamna*. Their numbers were without limit, covering the face of the earth, and moving along like an army, when changing their quarters in search of food. The cereal grasses and grains were their favorite nourishment, but their chief supplies were obtained from the leaves of forest trees, as there was then but few cultivated spots. Some farmers preserved their cornfields by digging ditches in the dry earth, into which they tumbled and perished by millions. Like the frogs of Egypt, they invaded and travelled through dwelling houses, and in one cabin, a few miles above Marietta, actually drove out the occupants, and obliged them to take shelter under a tree for some days. Their principal ravages were in the month of June. Since then the same worm has been seen in limited districts, but not in such numbers, nor over such a wide extent of country. The spring of the year 1806 was very early; many peach-trees were in blossom by the last of February, and all by the middle of March. That of 1807 was more backward than usual, and uncommonly wet. The summer was not less so; and every fair day preceded and followed by two or three wet ones. The heat was not greater than usual; the mercury seldom rising to ninety degrees. Books and furniture were covered with mould, and every farmer lost more or less of his grain and hay, from lack of sunshine to dry it. There were no

less than three freshets in the Ohio river, covering the low grounds with water, destroying a portion of the crops. The inhabitants of Belpre, where the writer then resided, from their location on the bottoms, were generally living in the vicinity of stagnant water, and, of course, the larger number of them were attacked with disease. The months of February and March were attended with catarrhal fevers of great severity and obstinacy. It was noticed that persons attacked with this disease escaped the fever of the following summer and autumn. In April, May and June, no particular sickness prevailed, but there were many cases of ophthalmia—a school of small children was broken up for a few days in consequence of its attack on the scholars. This disease was much more common forty years ago than it is now, and probably from a peculiar condition of the atmosphere. By the middle of July, intermittent and remittent fevers were common. In August scarcely a family in the township was free of disease in some form or other. It extended both up and down the Ohio river, for several hundred miles, but was chiefly confined to the alluvions bordering the streams; while the inhabitants of the more elevated and hilly portions of the country suffered but little from the fever. At Marietta the epidemic was very fatal, more than fifty persons dying in the course of the summer, while at Belpre, probably from a less virulent type, but few deaths occurred. It appeared in various grades of intensity, from that of a mild intermittent, to the worst form of bilious remittent; in some cases resembling very nearly the yellow fever of the Atlantic cities. The duration of the remitting type was from five to seventeen days, unless interrupted by treatment. It ceased with the first heavy frosts.

An epidemic influenza visited all the valley of the Ohio in the autumn of the same year, commencing in the eastern cities in August, but did not reach Ohio until October, passing away westerly early in November. At the setting in of cold weather, several cases of pneumonia typhoides occurred, similar in character to those of 1815 and 1816, generally known as the "cold plague," but was successfully treated by stimulants and rubefacients.

Treatment of the Fevers of 1807.—Sulphate of quinine was unknown in Ohio previous to the year 1823. When the patient was of full habit, bleeding was useful, early in the attack, followed by evacuants. Our doses of calomel were small; five grains combined with twenty of jalap, for a cathartic. This quantity produced the desired effect, and was found to be one of the most useful purges. The febrifuge powders were composed of the nitrate of potash, with some preparation of antimony. In fevers of a malignant type, a favorite remedy was the subcarbonate of soda. It was brought into notice by Dr. S. L. Mitchell, of N. Y., editor of the *Medical Repository*, under the theory that fevers of this grade were aggravated, or caused, by septic acid in the stomach and bowels, which alkalies neutralized; rendering the fever mild and more manageable. In the epidemic of 1807, it proved to be one of our most useful remedies. It was also applied to the surface, combined with alcohol, water and capsicum. By keeping a patient wrapped in a sheet wet with this composition, I have seen some of the most malignant fevers cured in a few days, with little or no internal remedies, except a mild cathartic. Another favorite remedy in fevers of this type was finely powdered charcoal, mixed in liberal quantities of fresh, lively yeast, and given every two or three hours with satisfactory results.—*Medical Counsellor.*

Remedy for Hemorrhoids.—Messrs. Editors: I met with the following account of a new remedy for hemorrhoids in the *Gazette des Hopitaux* for September 13th. Thinking it of interest, I have translated it for the benefit of those who have to treat this common and troublesome complaint.

Yours, &c., A.

Remedy for Hemorrhoids.—*Imperial Academy of Medicine—Session of September 11th, 1855.*—M. Robinet read, in the name of the committee on new and secret remedies, a report on a method of treating hemorrhoids proposed by M. Allègre. This treatment consists in the use of Cayenne pepper, *capsicum annuum*, either in powder or extract. In powder they prescribe it in from 50 centigrammes to a gramme, and even to three grammes. (From 7 to 42 grains.) The method proposed by M. Allègre having appeared to the members of the committee to deserve examination, experiments to the number of fifty have been instituted by some of their number, with much success. One of the most remarkable instances of success occurred in the person of one of the committee, who has had much reason to congratulate himself on having tried this remedy.

Nevertheless, as the facts which have come to the knowledge of the committee have not appeared to them to be sufficiently numerous to enable them to come to a final conclusion, and, in consideration of the difficulty of experimenting on a sufficiently extensive scale in the hospitals, where it is only occasionally that a patient is found suffering from hemorrhoids alone, the committee were of opinion that it was proper for them to make an appeal to the medical profession, to invite them to try this remedy upon any cases which may occur in their practice.

M. Gerdy thought the report did not give sufficient details. The committee do not state the proportion of cures. They speak of fifty experiments. If fifty cases were all cured, the result was superb! The remedy would be the very *cinchona* of hemorrhoids. But he must be permitted to have his doubts. A heroic remedy is not found every day; we know only of two, *cinchona* and mercury, after four thousand years of observation.

M. Robinet remarked that the committee had not thought it necessary to give, case by case, the results of their observations. All they thought it important to say was, that the results they had observed were sufficiently satisfactory to induce them to multiply their experiments.

M. Piorry, after going into an explanation of the structure and different anatomical conditions of hemorrhoids, concluded by saying that we cannot consider this malady as always the same, and consequently it should not be always met by the same remedy.

M. Jobert said that he had tried the remedy recommended in the report, and that almost all the patients to whom he had administered it had experienced considerable and almost immediate relief.

The conclusions of the report being put to vote, were adopted.—*Boston Med. and Surg. Journal.*

On the use of Setons. By M. M. BOUVIER, MALGAIGNE, VELPEAU, &c. &c.—An interesting debate arose at a recent meeting of the Académie de Médecine of Paris, in which some of the well-known names which adorn the French school of medicine participated; and as the subject is one of practical importance, we make an abstract from the *Medical Times and Gazette*:—

This discussion had been caused by the reading of a paper by M. Bouvier on the utility of setons, and on some modifications of the thread and of the instrument to introduce it.

Instead of making use of a bistoury, or of the instrument usually called a seton-needle, he employs a common needle, rendered flat at its point. As to the thread, instead of making use of a twist of cotton, or of a strip of cloth, he employs a single thread, or a very fine cord, plastered with an impervious substance, as wax, able to prevent its becoming altered by pus. To avoid the difficulty of introducing the cord, in place of the eye of the needle, there are very small forceps to take the thread.

The advantages of this mode of operating are, that the pain is slight, and that there is no need of changing the thread. In the cases where a single thread does not produce a sufficient irritation, it is easy to put several.

Professor Gerdy does not approve of the employment of setons. He says that they produce not only an inflammation in the neighborhood, but also an irritation at much greater distances. They sometimes increase previously existing congestions or inflammation of the eye, so that they do exactly the reverse of what is expected. Patients frequently attribute to setons the production of these effects, and they complain of dizziness, of a bewildering sensation, and of tinnitus aurium. Blisters also produce sometimes the same effects; so that Professor Gerdy has been led, in certain cases of diseases of the head or of the eyes, to apply small cauteries on the back of the head on the shaved scalp.

M. Bouvier answers that bad effects resulting from setons, according to Professor Gerdy, exist sometimes, but very rarely.

Professor Malgaigne says that he disagrees completely with his colleagues, and censures the prolonged employment of all kinds of exutories. He doubts their being of any use. Their introduction in the practice of medicine has no rational ground. Setons, cauteries, moxas, may be excellent for eight or ten days, but not more.

Professor Velpeau says that he employs the seton, and highly praises its therapeutical action. As to the novelty of the employment of thread, he says that setons originally were made of a single silk thread. He thinks that the filiform seton of M. Bouvier cannot replace, with advantage, large setons. The therapeutical effects of these last are a revulsion and a suppuration, which are in proportion to the pain, and to the irritation they produce. Professor Velpeau says he has seen the children operated on by M. Bouvier, and he does not believe in the efficacy of setons in these cases. In opposition to Professor Malgaigne, he says that exutories may be very useful, but that they must not be employed indiscriminately. One of them is good in cases where the others would not be. Blisters, for instance, are very useful in acute, superficial ophthalmia, and particularly conjunctivitis, while setons in these cases would not be beneficial. Cauteries are employed with advantage in deeply seated chronic affections. Setons are very useful in cases of amaurosis, which do not depend on an organic disease. He says that the dangers of the application of setons, spoken of by Professor Gerdy, are of very rare occurrence. They arise from inflammation of the lymphatics, which vessels are not numerous in the neck. He asserts that abscesses are very rarely produced by setons. He employs setons not only against amaurosis, but also against keratitis becoming chronic, and after the following modes of treatment have failed: bleeding, blistering, purgatives, calomel, &c. Setons are not so useful in vascular keratitis, but they do succeed sometimes.

M. Bouvier answers to Professor Velpeau, that he has not proposed to make use merely of the filiform setons, but also of a gradually increasing number of threads. If serious accidents rendered an energetic and immediate revulsion necessary, he does not say that then a large seton should not be employed. He asserts that he himself was cured of amaurosis by the seton, and that the same was the case with the illustrious Fabricius of Aquapendente. In a case, related by Ruysche, cephalalgia was cured by a seton, and returned after the suppression of this exutory. It was cured a second time by the same means, but reappeared after the cessation of the treatment, and then was cured for a third time by the seton. M. Bouvier insists upon the superiority of setons to blisters.

M. Desportes says that he proposed long ago to employ filiform setons, with openings and many threads, so as to produce a greater revulsion.

M. Clot-Bey, who usually resides in Egypt, says that the Arabs employ small setons, placed near the eyes, and sometimes on the eyelids themselves, to cure diseases of the eyes. He has often witnessed the success of this mode of treatment.

Another discussion has taken place at the Académie de Médecine, mostly between Professors Piorry and Bouillaud, the first stating that it would be

very important to study auscultation on dead bodies, the second asserting that very little could be learned by such means.—*Virginia Medical Journal*.

On Albumen as a Cholagogue. By Dr. R. GIESELER, of Göttingen. (*Dublin Quarterly Journal*, August, 1855.)—"Bernard's experiments, showing that this substance is assimilable only through the intervention of the hepatic function, immediately suggested to me the idea, that in albumen we might find an adequate excitant of the liver. I inferred, first, that fatty nutriment, and in a higher degree albuminous articles of diet, must be avoided in inflammation of the liver; and secondly, that in torpid conditions of that organ we might possess in albumen a remedy capable of stimulating it to increased activity. If to the liver be assigned the task of rendering albumen adapted to assimilation, this substance must be a stimulant of it, which will, *mutatis mutandis*, set its function to work, in the same manner as the administration of saline medicines does that of the kidneys. It is scarcely necessary to add, that the establishment of these results by experience must secure to albumen not merely the character of an adequate stimulant, but also pre-eminence over all other so-called cholagogues, since the action of the latter is very uncertain.

"I think it unnecessary to demonstrate the remarkable efficacy of albumen, in this respect, by the recital of cases, since it was, as I soon learned, already known to our predecessors. It, however, appears to me not unimportant to point out the source whence it would appear the recommendation to employ albumen as a remedy in jaundice was originally derived. Charles White, in his work on 'The Treatment of Pregnant and Puerperal Women,' states that he once suffered for several weeks from jaundice, and was very much reduced. Soap, aloes, iron, and rhubarb, had been taken without the least benefit. A naval officer, happening to visit him, assured him he would cure him in a short time. He told him, in fact, that while on a voyage, some time before, he was attacked with the same disease, and had in vain used the remedies prescribed by the surgeon of the vessel. A Spanish physician of the island of Minorca then advised him to take every morning, while fasting, two raw eggs, both yolk and white, in a glass of water, and to repeat the dose with one egg every four hours during the day. He followed this advice, and in three days his motions were again colored with bile. White tried the plan suggested, and found the effect attributed to the albumen to be confirmed; in three days, the feces were colored, which they had not been for six weeks before. He continued the use of the eggs for some months. He subsequently recommended the remedy to several patients, and always with good effect, except in cases in which the jaundice proceeded from the presence of gall-stones. So far for the testimony of Mr. White. In the more modern treatises on therapeutics I have not been able to find any allusion to this application of albumen; the present communication cannot, therefore, be considered superfluous. A few of the older works recommend, not white of egg, but the yolk, probably on account of its yellow color. It is indeed possible that the action of the liver may be excited, not by the vitellin of the yolk, but merely by the albumen of the egg, with which Bernard experimented, and which White recommended in jaundice. Should this supposition prove correct, it would explain why the remedy lapsed into oblivion, and would furnish an important proof, in our day, for the often misunderstood truth, that practical results do not become the property of science or art, until they are referred to correct principles."—*Ranking's Abstract*.

Historical Sketch of New York Hospital.—Of the history of the New York Hospital, the institution to which I have just alluded, and to which your

attention is now invited, it is sufficient to say that its charter was granted by the Earl of Dunmore, on the 13th of June, 1771; that its site was purchased in 1773, and the building commenced in July of the same year; that before its completion, in 1775, it took fire, and was nearly destroyed. The rebuilding was prevented by the occurrence of the American Revolution. It was occupied, however, during the war, as barracks by British and Hessian troops, and part of the time as a hospital. After the Revolution, it was re-established by the liberality of the State and private munificence; but it was not in a condition to be used as a hospital until the 3d of January, 1791, on which day eighteen patients were admitted. There being no suitable accommodations in the building for lunatics, a new edifice to receive that class of patients was erected, in 1806, on the spot occupied by this house, and was used for that purpose until 1821, when the Bloomingdale Asylum for the Insane was completed—that extensive and magnificent branch of the hospital of which the institution is so justly proud. In 1825, the old edifice for lunatics was so altered as to fit it for the reception of patients suffering from ordinary diseases, and being appropriated to seamen, was denominated the “Marine Department.” In 1829, the main building was improved by the extension of its wings. In 1841, the north building was erected;¹ and in 1850 the interior of the main building was entirely, or for the most part, remodelled, its apartments enlarged, and many valuable improvements introduced. Lastly, in 1853, the building of the marine department was demolished; and in its place has arisen the new and imposing edifice in which we are assembled; and which we now, on this 18th day of April, 1855, dedicate to the humane purposes of this great corporate establishment.—*Dr. J. M. Smith's Address.*

Dislocation of the Femur into the Ischiatic Notch. Reduction by Manipulation. By FRANK H. HAMILTON, M. D., Professor of Principles and Practice of Surgery in the Medical Department of the University of Buffalo.—In my report on “Dislocations,” made to the New York State Medical Society in February last, and just published, I have stated that, in reference to the reduction of dislocations of the hip by “manipulation” alone, I did not feel authorized to speak authoritatively, having as yet had no experience in this mode. I ventured, however, to express a hope, based upon the testimony before me, that it might hereafter prove, in a majority of cases, both safe and practicable. Since then an opportunity has been presented, which has enabled me in some measure to determine, by personal experience, the value of this procedure, and I hasten to lay the case before the profession.

March 23, 1855. Charles McCormick, aged 21 years, at work for the State Line R. R. Co., was caught between two freight cars, with his back resting against one, and his right knee against the other, his thigh being raised to a right angle with his body. As the cars came together he felt a “cracking” at his hip-joint, and was immediately unable to walk or stand.

Two hours after, I saw McCormick, and assisted by my son Theodore, and Austin Flint, Jun., I examined the limb, and made arrangements for its reduction. The patient was lying upon his back and left side. His right thigh was flexed upon his body to nearly a right angle and adducted, the knee being carried across the opposite thigh. It was also rotated inward, but not forcibly.

Turning the lad upon his back, and raising the left leg to a position corresponding to the right, both legs were carefully measured with a tape line from the anterior superior spinous process to the patella, and the right leg

¹ See Charter of the Society of the New York Hospital, and the Laws relating thereto, with the By-Laws and Regulations of the Institution, and those of the Bloomingdale Asylum for the Insane. New York, 1845.

was found to be shortened one and a half inches. Measuring again from the ant. sup. spin. p. to the most prominent point of the trochanter major, the distance on the dislocated limb was six inches, and on the sound limb five inches. The head of the bone could not be felt, but no doubt remained as to its position. The limb was nearly immovable, except in one direction. It could neither be abducted, or rotated outward, nor carried downward.

Procedure.—The patient lying upon his back, I seized the right leg and thigh with my hands, the leg being moderately flexed upon the thigh, and carried the knee slowly up towards the belly until it had approached within twelve or fifteen inches, when, noticing a slight resistance to further progress in this direction, I carried the knee across the body outward until I again encountered a slight resistance, and immediately I began to allow the limb to descend. At this moment, a sudden slip or snap occurred near the joint, and I supposed reduction was accomplished; but on bringing the limb down completely I found it was in the same position as before. I think the head had slipped off from the lower lip of the acetabulum, after having been gradually lifted upon it.

Without waiting, I commenced to repeat the manipulation, and in precisely the same manner. Again, at the same point, when the limb was just beginning to descend, a much more distinct sensation of slipping was felt, and on dropping the limb it was found to be in place and in form, with all its mobility completely restored.

No anæsthetic was employed, and no person supported the body or interfered in any way to assist in the reduction. No outcry was made by the patient, yet he informs me that moving of the limb hurt him considerably. The amount of force employed by myself was just sufficient to lift the limb, and the time occupied in the whole procedure was only a few seconds.

After the reduction, he remained upon his back, in bed, eleven days, in pursuance of my instructions. At the end of this time he began to walk about, but was unable to resume work until after eight weeks or more. It is probable that he could have walked immediately after the reduction, without much if any inconvenience, so slight was the inflammation which resulted from the accident. He never complained of pain; but upon interrogation he replied that there was a slight soreness back of the trochanter, near the head of the bone. This soreness continued several weeks, and was especially present when he bent forward. Even at the present time, four months after the accident, he occasionally feels a pain at this point when he is stooping. The motions of the joint are, however, free, and he walks nimbly and without any halt.

In short, if I may judge correctly from a single example, nothing could be more complete than the triumph of this process over a dislocation hitherto so formidable. Nothing could be more simple and easy of execution, and nothing more gratifying both to the surgeon and to his patient. Unless, therefore, experience shall demonstrate, in its practical working, defects or dangers which I cannot now anticipate, I shall regard it hereafter as one of the most valuable contributions to our art, and its inventor as a true public benefactor.—*Buffalo Medical Journal.*

Dislocations of Femur Reduced by Manipulation in London Hospital.—The London medical periodicals have recently contained reports of cases of reduction of dislocations of the femur by manipulation. The first cases, two in number, occurred in Guy's Hospital (*Lancet*, July 7), under the care of Mr. Cock; one was of five weeks' standing, the other more recent; both had been subjected to the pulleys. The reduction was easily effected in both cases by manipulation. The reporter adds—"From a careful study of the skeleton, Mr. Cock finds the secret to be, to handle the femur as if it were the humerus; then flexing it on the pelvis, abduct strongly, thus lifting the head of the

bone with the accessory band of the ilio-femoral ligament, over the acetabulum, while you also rotate the lower condyle or limb, in your hand outwards."

In the *Lancet* for August 4, we find another report from Guy's Hospital, of seven cases under the care of Mr. Birkett, four of which were reduced by manual extension, and three by flexing the thigh upon the pelvis, abducting and rotating it. Of the three latter, two were in the foramen ovale, and one in the ischiatic notch. The writer makes the following introductory remarks: "Dr. Reid, of New York, also gives an American plan of reduction in cases of dislocation of the head of the thigh-bone; and Dr. Markoe, one of the attending surgeons of the chief N. Y. Hospital, has recently furnished nine cases of his own, and three others treated by New York surgeons, twelve cases in all; of which three were dislocations into the foramen ovale, eight (five of his own and three of others) on the dorsum ilii, and one into the ischiatic notch. We do not hear of the luxation on the horizontal branch of the os pubis, or the still more rare accident behind the tuberosity of the ischium. The method of the American surgeons is much more violent, and not more effective than that adopted at Guy's and at some other London hospitals, the displacement being remedied, according to the former, 'by flexing the leg on the thigh, carrying the thigh over the sound one, upwards over the pelvis, as high as the umbilicus, and then abducting and rotating it.' A peculiar 'rocking motion' is much dwelt on, however, by our transatlantic brethren, as necessary to induce the head of the bone to regain or creep back to its normal position—a plan spoken of by Colombat—an old modification of the present methods by manipulation, also now highly prized by some surgeons: but we doubt if, under chloroform, the patient could be so well adapted to it as in the plan of Mr. Cock, and Mr. Birkett at Guy's, which seems to answer all purposes."

If the writer of this report will carefully examine the valuable paper of Dr. Reid, in the July, 1855, number of the *New York Journ. of Med.*, he will learn that the "American plan," or the method of Dr. Reid, is *entirely destitute* of violence. Dr. R. even deprecates the employment of chloroform, as "the pain produced by manipulation is too trifling to require an anæsthetic of any kind." His third proposition, if followed, effectually prevents all violence: "The general rule for reducing dislocations should be, that the limb or bone should be carried, flexed, or drawn, in that direction which will relax the extended muscles."

Dr. Markoe's experience confirms this view. He says: "We never have accomplished anything by proceeding in a direction where great force was required to continue the movement, but have always succeeded by finding a direction in which the mere continuance of the movement without force has brought the head into the proper position."

In the "American plan," again, the "rocking motion" has no existence. Dr. Reid speaks of "making gentle oscillations of the thigh," and condemns the rocking motion mentioned by Dr. Markoe.

In the present number of this journal we supply the deficiency in the history of this operation alluded to by our London contemporary. The two cases of dislocation upon the pubes, reported in our original department, by Dr. E. J. Fountain, of Iowa, are extremely interesting, and their successful treatment by manipulation alone reflects great credit upon this ingenious and accomplished surgeon. The warmth of Dr. Fountain's praise of this great improvement in practical surgery, and his acknowledgment of Dr. Reid's merit, are appropriate. We can well imagine the degree of estimation which the isolated practitioner must place upon a method of treatment of one of the most formidable accidents in surgery, which allows him to dispense with pulleys, cords, bandages, anæsthetics, a half-score of assistants, and enables him with facile hand to accomplish, in twenty seconds, without pain, what before, with all these trappings, required hours, and even then often failed.

We deem it our duty to make this allusion to the negligence of foreign writers to accord to American surgery its proper due. It matters nothing how many times luxations of the femur have been accidentally or deliberately replaced by manipulation; to Dr. Reid belongs the unqualified merit of first establishing, by actual demonstration of its principles, the proper method of procedure. However much Mr. Cook, of Guy's Hospital, may have studied the skeleton for "the secret," he has not discovered a plan of reducing dislocations of the femur superior to the American. The first intimation of this method of operating, though not acknowledged, we doubt not was derived by the London surgeons from the paper of Dr. Markoe, in the *New York Journ. of Med.* for January, 1855, which was soon after republished in England.—*N. Y. Journal of Medicine.*

CIRCULAR.

AMERICAN MEDICAL ASSOCIATION.

The Ninth Annual Meeting of the American Medical Association will be held in the city of Detroit, Michigan, on Tuesday, May 6, 1856.

The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations, *as soon as they may be appointed*; and it is earnestly desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following extracts are from Article Second of the Constitution:—

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number.

"The Faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates: and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate.

"Delegates representing the medical staff of the United States Army and Navy, shall be appointed by the chiefs of the Army and Navy Medical Bureau. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution, at the meeting of the Association held in New York, in May, 1853.

* * Medical Journals, &c., please copy.

WILLIAM BRODIE, M. D., Detroit, Mich.,

One of the Secretaries.

April 15, 1856.